2005 LIMITED PARTNERSHIP ANNUAL REPORT

FILED **Due By May 1, 2005** 2005 MAY -2 PM 1: 35 **DOCUMENT # A01000000790** SECRETARY OF STATE LUDLUM RETAIL ASSOCIATES, LTD. Principal Place of Business Mailing Address 1200 BRICKELL AVE. 1200 BRICKELL AVE. **SUITE 1500 SUITE 1500** MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 801 Arthur Godfrey Road 3. Mailing Address 801 Arthur Godfrey Road Suite, Apt. #, etc Suite, Apt. #. etc. 04182005 Chq-LP CR2E003 (10/03) Suite 600 Suite 600 City & State City & State 4. FEI Number Applied For Miami Beach, Florida Miami Beach, Florida 65-1111497 Not Applicable 33140 \$8.75 Additional 33140 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEARCE, PAM 801 ARTHUR GODFREY ROAD, SUITE 600 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33140 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typod or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions \$1,280,000.00 in FLORIDA to date. as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT # 801 Arthur Godfrey Road, Ste. 600 STREET ADDRESS NAME LUDLUM RETAIL INC. STREET ADDRESS 1200 BRICKELL AVE. CITY-ST-ZIP Miami Beach, Florida 33140 CITY-ST-ZIF MIAMI, FL 33131 DOCUMENT # STREET ADDRESS 700055331987 05/25/05--01052--013 **526,25 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

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