2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED Apr 30, 2005 08:00 AM DOCUMENT # A01000001023 **Secretary of State** 1. Entity Name SAN MICHELE P.U.D., LTD. Mailing Address Principal Place of Business 15340 JOG RD., STE. 200 15340 JOG RD., STE. 200 DELRAY BEACH, FL 33446 DELRAY BEACH, FL 33446 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. -Suite, Apt. #, etc. 01272005 CR2E003 (10/03) Applied For City & State City & State 4 FFI Number 04-3621042 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORTON GROUP INC Street Address (P.O. Box Number is Not Acceptable) 15340 JOG RD., STE. 200 DELRAY BEACH, FL 33446 City Zip Code 3. 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 Lam familiar with, and accept the obligations of registered agent. SIGNATURE 10. Amount of Capital Contributions 9. Capital Contributions -\$1,000.00 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 P93000020897 DOCUMENT# STREET ADDRESS NAME MORTON GROUP INC STREET ADDRESS 15340 JOG RD., STE. 200 CITY-ST-ZIP CTTY-ST-ZIP DELRAY BEACH, FL 33446 DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CffY-ST-ZIP CITY-ST-ZIP U00000346437 DOCUMENT # 04/30/05-80074-020 141.25 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS MARKE STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP OOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P CUY-SI-ZE DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE:

STAPLE CHECK HERE