2005 LIMITED PARTNERSHIP ANNUAL REPORT FILED **Due By May 1, 2005** 2005 APR 25 PH 12: 21 **DOCUMENT # A01000001095** 1. Entity Name
PALMETTO PARK I, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 150 E. PALMETTO PARK ROAD, #401 BOCA RATON, FL 33432 150 E. PALMETTO PARK ROAD, #401 BOCA RATON FL 33432 2. Principal Place of Business 3. Mailing Address PLEASE NOTE OUR NEW ADDRESS: Suite, Apt. #, etc. 03302005 Chg-LP CR2E003 (10/03) 120 E. PALMETTO PARKIROAD City & State Applied For 4. FEI Number SUITE 410 65-1134095 Not Applicable Zip Country \$8.75 Additional BOCATRATON, FL 33432 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PLEASE NOTE OUR NEW ADDRESS SIMIGRAN, KENNETH H Street Address (P.O. Box Number is Not Acceptable)
120 E. PALMETTO PARK ROED 150 E. PALMETTO PARK ROAD, #401 BOCA RATON, FL 33432 SUITE 410 City BOCA RATON, FL 33432 Zip Code 8. The above name dentity submits this statement for the purpose of changing its registered office or registered agent, 40 bith, in the State of Florida. I am familiar with, and accept the obligation agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions \$4,100,000.00 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION PLEASE NOTE OUR NEW ADDRESS P01000078575 DOCUMENT # STREET ADDRESS NAME WC PALMETTO PARK INC STREET ADDRESS 150 E. PALMETTO PARK ROAD, #401 120 E. PALMETTO PARK ROAD CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 SUITE 410 DOCUMENT A STREET ADDRESS **BOCA RATON, FL 33432** NAME (561) 394-7400 PLEASE NOTE OUR NEW ADDRES STREET ADDRESS STY-ST-ZIP CITY-ST-ZIP DOCUMENT # 120 E. PALMETTO PARK ROAD STREET ADORESS NAME SUITE 410 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BOCA RATON, FL 33432 <u>700054346527</u> 05/12/05--01084--005 \*\*535.00 DOCUMENT # (561) 394-7400 STREET ADDRESS NAME STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME ?-STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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.

**SIGNATURE:** 

HERE

STAPLE CHECK

SIGNATURE AND TYPED OR PRINTED AME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #