


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # A01000001124</b>			
1. Entity Name <b>COUNTRY WALK PLAZA, LTD.</b>			
Principal Place of Business <b>5446 NORTH BAY ROAD MIAMI BEACH FL 33140</b>		Mailing Address <b>5446 NORTH BAY ROAD MIAMI BEACH FL 33140</b>	
2. Principal Place of Business		3. Mailing Address <b>P.O. BOX 402097</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>MIAMI BEACH, FLORIDA</b>	
City & State <b>33140</b>		City & State <b>USA</b>	
Zip	Country	Zip	Country

**FILED**  
**2005 APR 29 PM 1:56**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



1ST MOORE CR2E003 (10/04)

4. FEI Number <b>65-1142858</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GLOTTMANN, SAUL 5446 NORTH BAY ROAD MIAMI BEACH FL 33140</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	
9. Capital Contributions as Shown on record. <b>\$1,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	


**11. FILE NOW!!! Due by May 1, 2005.**  
See Block 11 instructions for fee info.

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000083436	STREET ADDRESS	
NAME	COUNTRY WALK PLAZA, INC.	CITY-ST-ZIP	
STREET ADDRESS	5446 NORTH BAY ROAD		
CITY-ST-ZIP	MIAMI BEACH FL 33140		
DOCUMENT #		STREET ADDRESS	<b>400054927034</b>
NAME		CITY-ST-ZIP	<b>05/23/05--01004--005 **150.00</b>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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:**

 **Byrck Glottmann-JOA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/22/05**  
Date

Daytime Phone #

STAPLE CHECK HERE