

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 A
Secretary of State

DOCUMENT #A01000001171 1. Entity Name RM UA REDEVELOPMENT, LTD.					
Principal Place of Business C/O ROSS REALTY INVESTMENTS, INC. 3325 SOUTH UNIVERSITY DRIVE, SUITE 210 DAVIE, FL 33328			Mailing Address C/O ROSS REALTY INVESTMENTS, INC. 3325 SOUTH UNIVERSITY DRIVE, SUITE 210 DAVIE, FL 33328		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1135567	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent ROSS, BARRY C/O ROSS REALTY INVESTMENTS, INC. 3325 SOUTH UNIVERSITY DRIVE, SUITE 210 DAVIE, FL 33328			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			9. Capital Contributions as Shown on record. \$2,100,000.00		
10. Amount of Capital Contributions in FLORIDA to date.			11. Amount of Capital Contributions 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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P99000076478		STREET ADDRESS		
NAME	ROSS MATZ INVESTMENTS, INC.		CITY-ST-ZIP		
STREET ADDRESS	3325 S. UNIVERSITY DRIVE, SUITE 210		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33328		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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05/06/05-80015-023 141.25

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; the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ Date _____ Daytime Phone # _____