2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED Mar 18, 2005 08:00 AM Secretary of State

1. Entity Name	MENT # A010000			Secretary of	i State	
Principal Place of Business				(LEWISCO LONG MENNI NOVI ROOM DENNI NOVIK DONK DONK HOLER NARE RINE	Alfinii ok kuel	
2. Principal Place of Business		3. Mailing Address)	
Suite, Apt #, etc.		Suite, Apt #, etc.		01212005 Chg-LP CR2E003 (10/03	3)	
City & State		City & State		} \	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	dditional	
	6. Name and Address of Curr	ent Registered Agent		7. Name and Address of New Registered Agent		
ATKINSON	, WILSON C III, ESQ		Name	Name		
MATKINSON, DINER, STONE, MANKUTA & PLOUCHA 1946 TYLER STREET HOLLYWOOD, FL 33020			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
			City	FL Zip Co	ode	
	named entity submits this statement ons of registered agent.	t for the purpose of changing	its registered office or regi	stered agent, or both, in the State of Florida. I am familiar with	h, and accept	
SIGNATURE -	Signature, typod or printed name of registered a	ront and hith if applicable		- DATE		
	stributions \$2,000,300.00	10. Amount of Car in FLORIDA to				
	A GENERAL PARTNE	R THAT IS A BUSINESS E	ENTITY MUST BE REG	STERED AND ACTIVE WITH THIS OFFICE. lent must be filed to change a general partner.		
12.		NER INFORMATION	13.	ADDRESS CHANGES ONLY		
DOCUMENT #	P01000093567 PRINCE MANAGEMENT, INC	t.	SCHEET ADDRESS			
STREET ADDRESS	ADDRESS 3351 N 36TH PLACE		CITY-ST-ZIP	000000267708 03/18/05-80014-009 S26.25		
CITY-ST-ZIP	HOLLYWOOD, FL 33021			00/10/00/00/14-003/5/	20.63	
DOCUMENT # NAME			STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CHY-S1-ZIP			
BOCUMENT #			STREET ADDRESS			
STREET ADDRESS			CITY-ST-DP			
DOCUMENT #			STREET ADDRESS			
STREET ADDRESS			CITY-ST-ZIP			
DOCUMENT #		-	STREET ADDRESS			
NAME STREET ADDRESS CITY-SI-ZIP			~ CITY-ST-ZIP		- ,-==-,	
*OOCUMENT #		. 18	STRLET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CHY-ST-ZIP			
Indicated	ertify that the information supplied on this report is true and eccurate or or trustee empowered to execut	and that my signature shall hav	ve the same legal effect as	Section 119.07(3)(i), Florida Statutes. I further certify that the if made under oath; that I am a General Partner of the limited	information i partnership o	
SIGNAT	URE: TRUTH	OR PRINTED NAME OF SIGNING GEN	\	José Dayline Phone		