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

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## FILED Feb 28, 2005 08:00 AN DOCUMENT # A01000001395 1. Entity Name **Secretary of State** ROSENTHAL FAMILY INVESTMENTS, LTD. Principal Place of Business Mailing Address 6400 S.W. 44TH STREET MIAMI FL 33155 6400 S.W. 44TH STREET MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt, #, etc. 1ST MOORE CR2E003 (10/04) City & State City & State 4. FEI Number Applied For 65-0020019 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent M & W AGENTS, INC Street Address (P.O. Box Number is Not Acceptable) 2101 CORPORATE BLVD., SUITE 107 **BOCA RATON FL 33431** 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. 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE Signalure, hyped or printed name of registered agent and title it applicable See Block 11 instructions for fee info. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$20,000,000.00 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT # L01000013739 STREET ADDRESS NAME ROSENTHAL MANAGEMENT LLC STREET ADDRESS 6400 S.W. 44TH STREET CITY ST-ZIP 100000246747 CHY-ST-78P MIAMI FL 33155 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 DOCUMENT ! STREET ADDRESS NAME STREET DORESS CITY-ST-ZIP CITY - STAZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-7P CiTY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 Resultable Management LC by Contraction Management Management