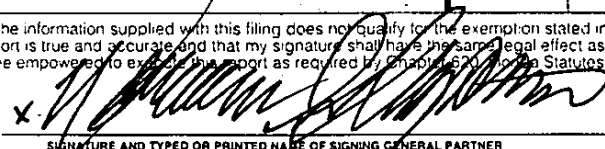


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -4 AM 8:15

DOCUMENT # A01000001403					
1. Entity Name SHAPIRO VENTURES LIMITED PARTNERSHIP					
Principal Place of Business 1800 N.E. 114TH STREET, APT. 1610 MIAMI, FL 33181			Mailing Address 9100 SO. DADELAND BLVD. #901 MIAMI, FL 33156		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1145766	
				Applied For: Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHAPIRO, BARBARA 1800 N.E. 114TH STREET, APT. 1610 MIAMI, FL 33181			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable					
9. Capital Contributions as Shown on record. \$100.00			10. 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 #	P01000100596	STREET ADDRESS			
NAME	SHAPIRO VENTURES, INC.	CITY- ST- ZIP			
STREET ADDRESS	1800 N.E. 114TH STREET, APT. 1610				
CITY- ST- ZIP	MIAMI, FL 33181				
DOCUMENT #		STREET ADDRESS	800050428768		
NAME		CITY- ST- ZIP	04/11/05--01082--011 **141.25		
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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: x  DATE: x 4/11/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE