2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CHECK HERE

SIGNATURE:

FILED **DOCUMENT # A02000000054** 2005 APR 18 PM 1: 16 1. Entity Name 1800 - CLUB, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1201 BRICKELL AVENUE, SUITE 650 1201 BRICKELL AVENUE, SUITE 650 MIAMI, FL 33131 MIAMI, FL 33131 3. Mailing Address 2. Principal Place of Business 1200 BRICKELL AVE Suite, Apt. #, etc. 03222005 Chg-LP CR2E003 (10/03) City & State 4. FEI Number 05-0607300 Applied For -02-0532932 Not Applicable 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 SAME PALACHI, ASLAN Street Address (P.O. Box Number is Not Acceptable) 1201 BRICKELL AVENUE, SUITE 650 MIAMI, FL! 33131 1200 BRICKELL AVE 5.1720 Zip Code 33/3 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 age/1 PALACHI Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions Amount of Capital Contributions \$17,050,000.00 as Shown on record. in FLORIDA to date. 17.050.000 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY L02000000830 DOCUMENT / STREET ADDRESS NAME BCOM-CLUB, LLC STREET ADDRESS 1201 BRICKELL AVENUE, SUITE 650 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 DOCUMENT # STREET ADDRESS HAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP COTY-ST-782 **30005403867**305/09/05--01016--002 *** DOCUMENT (STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DOCUMENT #** STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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.