2005 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2005**

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STAPLE CHECK

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A02000000062** 05 FEB -9 AM 11: 03 THE ENCLAVE AT RPB, LTD. Principal Place of Business Mailing Address 3250 MARY ST SUITE 500 3250 MARY ST SUITE 500 COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082005 CR2E003 (10/03) Chg-LP City & State City & State 4. FEI Number Applied For 01-0578867 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Bezold, Thomas BEZOLD, THOMAS Street Address (P.O. Box Number is Not Acceptable) 3225 AVIATION AVENUE, SUITE 700 3250 Mary Street COCONUT GROVE, FL 33133 Suite 500 Zip Code 33133 Coconut Grove 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. Bezold, Thomas EUP & CE 6 02/08/04 SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE 10. Amount of Capital Contributions 9. Capital Contributions \$100.00 in FLORIDA to date. 1,200,000 as Shown on record. 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 ADDRESS CHANGES ONLY 12. 13. DOCUMENT # L02000001103 STREET ADDRESS 3250 Mary Street, Suite 500 THE ENCLAVE AT RPB, LLC NAME STREET ADDRESS 3225 AVIATION AVENUE, SUITE 700 CITY-ST-ZIP Coconut Grove FL 33133 CITY-ST-712 COCONUT GROVE, FL 33133 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 400046708044 02/16/05--01007--022 **535, DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAMÉ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME 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 Thomas Bezold for Enclave RPB, LLC 02/08/04 (305) 860-8188 SIGNATURE: Daytime Phone #

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