

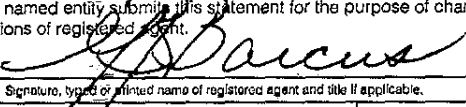


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005


FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000000570 1. Entity Name HARDING VILLAGE, LTD.					
Principal Place of Business 155 SO. MIAMI AVENUE, SUITE 1150 MIAMI, FL 33131			Mailing Address 155 SO. MIAMI AVENUE, SUITE 1150 MIAMI, FL 33131		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04192005 Chg-LP CR2E003 (10/03)	
Zip Country		Zip Country		4. FEI Number 75-3046681	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BARCUS, MARIA P 155 SO. MIAMI AVENUE, SUITE 1150 MIAMI, FL 33131			7. Name and Address of New Registered Agent 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 4/25/05		
9. Capital Contributions as Shown on record. \$99.00		10. Amount of Capital Contributions in FLORIDA to date.		FEE 150.00	
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 #	N02000002739		STREET ADDRESS		
NAME	HARDING VILLAGE, INC.		CITY-ST-ZIP		
STREET ADDRESS	155 SO. MIAMI AVENUE, SUITE 1150		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
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 05/06/05-80015-014 150.00

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/05 3053718300
Date Daytime Phone #