
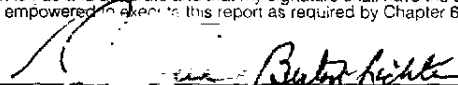


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000000740 1. Entity Name EL RANCHO VERDE #3, LTD.					
Principal Place of Business 102 N. SWINTON AVE. DELRAY BEACH, FL 33444			Mailing Address 300 S. PINE ISLAND RD. #110 PLANTATION, FL 33324		
2. Principal Place of Business Suite, Apt # etc			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 95-2623156	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FISCHER, STEVEN P EXECUTIVE MANAGEMENT & LEASING, INC. 300 S. PINE ISLAND RD #110 PLANTATION, FL 33324				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 file if applicable</small>					
DATE _____					
9. Capital Contributions as Shown on record. \$0.00			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 #	F02000002366		STREET ADDRESS		
NAME	JENNIE TOO, INC.		CITY-ST-ZIP		
STREET ADDRESS	1359 BROADWAY, ROOM 520		CITY-ST-ZIP		
CITY-ST-ZIP	NEW YORK, NY 10018		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			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)(f), 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 file this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 			Date: 3/11/05		
<small>PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Daytime Phone #</small>		

STAPLE CHECK HERE

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