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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILLU SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A02000000757** EAST SIDE VILLAGE-FORT LAUDERDALE LIMITED 05 JUL 13 AM 9: 19 **PARTNERSHIP** Principal Place of Business Mailing Address 16133 VENTURA BLVD., SUITE 1400 16133 VENTURA BLVD., SUITE 1400 ENCINO. CA 91436 ENCINO. CA 91436 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192005 CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 95-471755 APPLIED FOR Not Applicable Zip Country Country Ζiρ \$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 NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE **SUITE 4** WESTON, FL 33331 City 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. S'ANATURE Signature, typed or printed name of registered agent and title if applicable. 10. Amount of Capital Contributions 9. Capital Contributions \$4,284,352.41 in FLORIDA to date. 4,480,743.64 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. L98000003194 DOCUMENT # STREET ADDRESS FL MSII/SEPII GP, L.C. NAME STREET ADDRESS 16133 VENTURA BLVD., SUITE 1400 900054200979 05/10/05--01022--013 \*\*\*52 CITY-ST-ZIP CITY-ST-ZIP **ENCINO, CA 91436 COCHMENT #** STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 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)(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 peport as required by Chanter ROD. Florida Statutes. 4/35/05 818-385-0005 Mark A. Porath **SIGNATURE:** 

ts: Authorized pate

Representative.

Daytime Phone #