

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

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

**DOCUMENT # A02000001327**

1. Entity Name  
**BILTMORE GROVE ESTATES, LTD.**



Principal Place of Business  
**BRICKELL BAYVIEW CENTER**  
**80 SW 8TH STREET, STE. 1870**  
**MIAMI, FL 33130**

Mailing Address  
**BRICKELL BAYVIEW CENTER**  
**80 SW 8TH STREET, STE. 1870**  
**MIAMI, FL 33130**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192005

Chg-LP

CR2E003 (10/03)

4. FEI Number

**56-2311174**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAHN, S. LAWRENCE III**  
**BRICKELL BAYVIEW CENTER**  
**80 SW 8TH STREET, STE. 1870**  
**MIAMI, FL 33130**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions  
 as Shown on record.

**\$1,000.00**

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 # **P02000096578**  
 NAME **LOWELL AT BILTMORE GROVE, INC.**  
 STREET ADDRESS **80 SW 8TH STREET, STE. 1870**  
 CITY-ST-ZIP **MIAMI, FL 33130**

STREET ADDRESS

CITY-ST-ZIP

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000000363841  
 05/06/05-80016-019 150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/22/05**

Date

Daytime Phone #

STAPLE CHECK HERE