

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

DOCUMENT # A02000001365		
1. Entity Name THE ROWELL FAMILY LIMITED PARTNERSHIP		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 MAR 25 AM 9:25

Principal Place of Business 220 ALHAMBRA CIRCLE, FIFTH FLOOR CORAL GABLES FL 33134-5101	Mailing Address 220 ALHAMBRA CIRCLE, FIFTH FLOOR CORAL GABLES FL 33134-5101
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

*[Signature]*



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent  AXMAN, MICHAEL B 2601 SOUTH BAYSHORE DRIVE, SUITE 1600 MIAMI FL 33133		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

11. FILE NOW!!! Due by May 1, 2005.  
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record.	\$11,768,765.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	P02000110196	STREET ADDRESS	
NAME	ROWELL FAMILY CORP.	CITY-ST-ZIP	
STREET ADDRESS	220 ALHAMBRA CIRCLE, FIFTH FLOOR		
CITY-ST-ZIP	CORAL GABLES FL 33134-5101		
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CITY-ST-ZIP			

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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]* ROWELL FDM. CORP 3054765612  
By MICHAEL W. HILL Director 2/28/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE