


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 05 FEB 14 AM 10: 09

<b>DOCUMENT # A03000000475</b>					
1. Entity Name MIAMI RESIDENCES HOLDCO, LTD.					
Principal Place of Business 140 INTRACOASTAL POINTE DRIVE, SUITE 410 JUPITER, FL 33477			Mailing Address 140 INTRACOASTAL POINTE DRIVE, SUITE 410 JUPITER, FL 33477		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01132005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number <b>APPLIED FOR 03-0511897</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
DEG CAPITAL G.P. I INC. 140 INTRACOASTAL POINTE DRIVE, SUITE 410 JUPITER, FL 33477			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$6,571,430.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>6,518,898.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	F97000005105		STREET ADDRESS	<b>100046850601</b>	
NAME	DEG CAPITAL G.P. I INC.		CITY-ST-ZIP	02/18/05--01004--114 **06 25	
STREET ADDRESS	140 INTRACOASTAL POINTE DRIVE, SUITE 410				
CITY-ST-ZIP	JUPITER, FL 33477				
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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 report as required by Chapter 620, Florida Statutes.					
SIGNATURE: <i>Lawrence D. De George</i> 2/10/05			Date: 2/10/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <i>Lawrence D. De George, President of G.P.</i>			Daytime Phone #: 561-745-7000		

STAPLE CHECK HERE