


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By September 7, 2005

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 05 AUG 11 AM 11:13

DOCUMENT # A03000000527					
1. Entity Name LDK FAMILY LIMITED PARTNERSHIP, LTD.					
Principal Place of Business 6840 SW 101 STREET MIAMI, FL 33156-3244			Mailing Address 6840 SW 101 STREET MIAMI, FL 33156-3244		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07062005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number <u>55-0927135</u> <del>APPLIED FOR</del>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LDK GENERAL PARTNER, LLC 6840 SW 101 STREET MIAMI, FL 33156-3244			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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. \$1,200,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$1,200,000.00		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L03000011611		STREET ADDRESS		
NAME	LDK GENERAL PARTNER, LLC		CITY-ST-ZIP		
STREET ADDRESS	6840 SW 101 STREET				
CITY-ST-ZIP	MIAMI, FL 331563244				
DOCUMENT #			STREET ADDRESS	100058851721 08/22/05--01069--023 **526.25	
NAME			CITY-ST-ZIP		
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STREET ADDRESS					
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: <u>Delia Kalma</u>			Date: <u>7-17-05</u> Daytime Phone #: <u>305-284-8123</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE