

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 JUN -6 AM 10:45

<b>DOCUMENT # A03000000540</b> 1. Entity Name <b>VALENCIA LAKES, LTD.</b>					
Principal Place of Business <b>2950 S.W. 27TH AVENUE SUITE 200 COCONUT GROVE, FL 33133</b>			Mailing Address <b>2950 S.W. 27TH AVENUE SUITE 200 COCONUT GROVE, FL 33133</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MCDONOUGH, BRIAN J.</b> <b>2200 MUSEUM TOWER</b> <b>150 WEST FLAGLER STREET</b> <b>MIAMI, FL 33130</b>				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>\$99.99</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<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 #	L03000011676		STREET ADDRESS		
NAME	TCG VALENCIA LAKES, LLC		CITY-ST-ZIP		
STREET ADDRESS	2950 S.W. 27 AVENUE, SUITE 200				
CITY-ST-ZIP	COCONUT GROVE, FL 33133				
DOCUMENT #	L04000020519		STREET ADDRESS		
NAME	CARRFOUR VALENCIA LAKES, LLC		CITY-ST-ZIP		
STREET ADDRESS	155 S. MIAMI AVENUE, STE. 1150				
CITY-ST-ZIP	MIAMI, FL 33131				
DOCUMENT #			STREET ADDRESS		
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					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date _____ Daytime Phone # _____		

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