


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

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A03000000677</b>		
1. Entity Name <b>SINGH FAMILY LIMITED PARTNERSHIP</b>		

Principal Place of Business <b>PO BOX 228234 MIAMI FL 33122</b>	Mailing Address <b>PO BOX 228234 MIAMI FL 33122</b>
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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

1ST MOORE CR2E003 (10/04)

4. FEI Number **01-0780949** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SLOTO, JAMES R  
200 S. BISCAYNE BLVD., SUITE 3000  
SLOTO, GREENBERG & BERK, P.A.  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_

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

9. Capital Contributions as Shown on record. **\$940,500.00**

10. Amount of Capital Contributions in FLORIDA to date.

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

**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

DOCUMENT #	<b>P03000048311</b>
NAME	<b>SINGH FAMILY CORPORATION</b>
STREET ADDRESS	<b>PO BOX 228234</b>
CITY- ST- ZIP	<b>MIAMI FL 33122</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

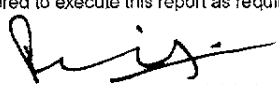
13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY- ST- ZIP	
STREET ADDRESS	
CITY- ST- ZIP	
STREET ADDRESS	
CITY- ST- ZIP	
STREET ADDRESS	
CITY- ST- ZIP	
STREET ADDRESS	
CITY- ST- ZIP	

**U00000345776**  
**04/30/05 00048-023 526.25**

STAPLE CHECK HERE

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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**  **RAM KUMAR SINGH** **4-20-05** **305-632-67**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #