

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED

2005 JUL -7 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000743

1. Entity Name  
BIRD ROAD REAL ESTATE INVESTMENTS, LTD.



Principal Place of Business  
% BIRD ROAD REAL ESTATE INVESTMENTS, INC.  
2460 SW 137TH AVE., SUITE 238  
MIAMI, FL 33175

Mailing Address  
% A&A REGISTERED AGENT, INC.  
2460 SW 137TH AVE., SUITE 221  
MIAMI, FL 33175



2. Principal Place of Business

3. Mailing Address

4551 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262005 Chg-LP CR2E003 (10/03)

City & State

City & State  
Coral Gables, FL

4. FEI Number  
APPLIED FOR 30-0183920

Applied For  
Not Applicable

Zip

Country

Zip

Country

33146

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

A&A REGISTERED AGENT, INC.  
2460 SW 137TH AVE., SUITE 221  
MIAMI, FL 33175

Name

Street Address (P.O. Box Number is Not Acceptable)

4551 Ponce de Leon Blvd.

City

Coral Gables

FL

Zip Code

33146

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

*Gretel Rodriguez, President*

4/1/05

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

DATE

9. Capital Contributions as Shown on record. \$0.00

10. Amount of Capital Contributions in FLORIDA to date.

**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 # P03000053258  
NAME BIRD ROAD REAL ESTATE INVESTMENTS, INC.  
STREET ADDRESS 2460 SW 137TH AVE., SUITE 238  
CITY-ST-ZIP MIAMI, FL 33175

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/05

Date

(305) 221-1515

Daytime Phone #

STAPLE CHECK HERE