2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 18, 2005 08:00 AM
Secretary of State

the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent. 9. Capital Contributions as Shown on record. \$99.90 A GENERAL PARTNER T NOTE: General Partners MA 12. GENERAL PARTNER T NOTE: General Partners MA 13. GENERAL PARTNER T NOTE: General Partners MA 14. STRET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STRET ADDRESS CITY-ST-ZIP	MIAMI, FL 33145 3. Mailing Address Suite. Apt # etc. City & State Zip	PENTHOUSE SUITE	02102005 Chg-LP CR2E003 (10/03)
Suite. Apt #, etc. City & State Zip Country 6. Name and Address of Current HERNANDEZ, ANGEL 2828 CORAL WAY, PENTHOUSE SUITE MIAMI, FL 33145 8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent. 9. Capital Contributions as Shown on record. \$99.90 A GENERAL PARTNER T NOTE: General Partners MA 12. GENERAL PARTNER T NOTE: GENERAL PARTNER T NOTE: General Partners MA 12. GENERAL PARTNER T NOTE: GENERAL PARTNER T NOTE: General Partners MA 12. GENERAL PARTNER T NOTE: GENERAL PARTNER T	Suite. Apt # etc. City & State Zip	Country	
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MIAMI, FL 33145 8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE Synature, typed or printed name of registered agent. 9. Capital Contributions as Shown on record. \$99.90 A GENERAL PARTNER T NOTE: General Partners MA 12. GENERAL PARTNER T NOTE: General Partners MA 12. GENERAL PARTNER T NOTE: General Partners MA 12. GENERAL PARTNER T NOTE: General Partners MA 13. TRG - LAS OLAS BEACH CLUB, STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33145 DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	-	Street Address	s (P.O. Box Number is Not Acceptable)
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SIGNATURE Signature, typed or printed name of registered agent. 9. Capital Contributions \$99.90 A GENERAL PARTNER T NOTE: General Partners MA 12	the purpose of changin	ng its registered office or regis	ered agent, or both, in the State of Florida. I am familiar with, and accept
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14. I hereby certify that the information supplied with indicated on this report is true and accurate and the receiver or trustee empowered to execute this	this filing does not qualif	ity for the exemption stated in a paye the same legal effect as it chapter 620, Florida Statutes ANGEL HERN/ VICE-PRESID	