2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

STAPLE CHECK HERE

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

DOCUMENT # A0300000813 1. Entity Name TRG&S LAS OLAS BEACH CLUB, LTD.					Secretary of State	
Principal Place of Business 2828 CORAL WAY, PENTHOUSE SUITE MIAMI, FL 33145 Mailing Address 2828 CORAL WAY, PE MIAMI, FL 33145			PENTHOUSE S	ŜUITE		
Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt # etc.	Suite, Apt # etc.		02102005 Chg-LP CR2E003 (10/03)	
City & State		City & State		 -	4. FEI Number Applied For 54-2118308 Not Applied be	
Zip	Country	Zip	Country	У	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 Name		
HERNANDEZ, ANGEL 2828 CORAL WAY, PENTHOUSE SUITE _ MIAMI, FL 33145 -				Street Address (P.O. Box Number is Not Acceptable)		
IVIIAIVII, FL	. 33145	-		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 Signature, typod of printed frame of registered agent and the II applicable DATE						
9. Capital Contributions as Shown on record\$5,100,000.00 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 # NAME	P0300058437 TRG - LAS OLAS BEACH CLUB, INC.		STREET	ADDRESS		
STREET ADDRESS City-St-Zip	2828 CORAT WAY, PENTHOUSE SUITE MIAMI, FL 33145		сіту-ѕ	ST - ZIP		
DOCUMENT #	M03030001723 SLBH, LLC		STREET	ADDRESS		
STREET ADDRESS CITY - ST - ZIP	525 MILDRED AVE. PRIMOS, PA 19801		CITY-S	51 - ZIP	UD0000313305	
DOCUMENT # NAME			STREET	ADDRESS	UD0000313305 04/18/05-80121-010 535.00	
STREET ADDRESS City-St-Zip	-		CITY-S	T-ZIP		
DOCUMENT # NAME			STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST	T-ZIP		
DOCUMENT # NAME			STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST	T-ZIP		
DOCUMENT # NAME			STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP		w	CITY-ST	1-2iP		
14. I hereby certify that the Information supplied with this filling 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 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 I further certify that the information indicated in Section 119.07(3)(ii), 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 I further certify that the information indicated in the limited partnership or the receiver of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes I further certify that the information indicated in the limited partnership or the receiver of the limited partnership or the receiver of the limited partnership or the receiver of the limited partnership or the limited partnershi						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER VICE-PRESIDENT 81505 (305)400 9700 Dayline Phone F						