



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR -2 AM 10:58

DOCUMENT # A03000000837 1. Entity Name HART DISTRICT, LTD.					
Principal Place of Business 18851 NE 29TH AVE., 7TH FL AVENTURA, FL 33180			Mailing Address 18851 NE 29TH AVE., 7TH FL AVENTURA, FL 33180		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
			01052005 Chg-LP CR2E003 (10/03)		
			4. FEI Number 20-0724197		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent POSNER, GARY D 18851 NE 29TH AVE., 7TH FL AVENTURA, FL 33180			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$750,000.00			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 #	L03000013398		STREET ADDRESS		
NAME	HART DISTRICT, L.L.C.		CITY-ST-ZIP	000048122850	
STREET ADDRESS	18851 NE 29TH AVE., 7TH FL			03/10/05--01011--009 **8.75	
CITY-ST-ZIP	AVENTURA, FL 33180				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP	900048122789	
STREET ADDRESS				03/10/05--01011--008 **526.25	
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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					
SIGNATURE: 			3/1/05 986-787-7705		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE