2065 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

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FILED May 05, 2005 08:00 AM Secretary of State

Due By May 1, 2005						Secretary of State			
DOCUMENT # A0300000911						Secre	tary of t	State	
1. Entry Name RESPARK ORLANDO, LTD.									
NEOF ANTONEARDO, ETD.									
Principal Place of Business Mailing Address						F+		. •	
1350 EAST NEWPORT CENTER DR, STE. 206 DEERFIELD BEACH, FL 33442 1350 EAST NEWPORT CENTER DR, STE. 206 DEERFIELD BEACH, FL 3				DR, STE. 206				-	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt.	Suite, Apt #, etc	e, Apt #, etc		03142005	Chg-LP	CR2E003 (1	0/03)		
City & State		City & State		4. FEI Number 76-0735			Applied For Not Applicable		
Zip	Country	Zip	Coun	try	5. Certificate of	f Status Desired	\$8.7 Fee F	75 Additional _ Required	
6. Name and Address of Current Registered Agent					7. Name and	Address of New R	legistered Agent		
KAY LAW	OFFICES			Name					
C/O JAMES R. KAY, ESQ 700 VILLAGE SQUARE CROSSING, STE 102B				Street Address (ss (P.O. Box Number is Not Acceptable)				
PALM BEACH GARDENS, FL 33410				****					
				Слу			FL Z	ip Code	
	named entity submits this statement folions of registered agent	r the purpose of changing its re	egistere	ed affice or register	red agent, or both	, in the State of Flo	orīda. I am familia	ar with, and accept	
SIGNATURE Signature typed or printed name of registered agent and time if appticuble = DATE									
9. Capital Contributions as Shown on record. \$9,960,000.00 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. ADDRÉSS CHANGES ONLY							·		
DOCUMENT #	L03000022529		CIPC	ET ADDRESS					
NAME OXPRET ADDRESS	RESPARK ORLANDO, LLC		SINE	LI ADDRESS					
STREET ADDRESS CITY-ST-ZIP	1350 EAST NEWPORT CENTER DR, STE, 206 DEERFIELD BEACH, FL 33442		CITY	ST-ZIP	· · · · · · · · · · · · · · · · · · ·				
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NAME			SINE	T ADDRESS					
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14. I hereby of indicated the received	certify that the information supplied with on this report is true and accurate and yer or trustee empowered to execute this	this filing does not qualify for the that my signature shall have the streport as required by Chante	he exer e same r 620. F	nption stated in Se legal effect as if m Torida Statutes	ection 119.07(3)(i) nade under oath,	, Florida Statutes. that I am a Genera	I further certify that I Partner of the lin	at the information nited partnership or	