


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

**FILED**  
**Feb 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A03000000988**

1. Entity Name  
**FLORIN INVESTMENTS, LTD.**



Principal Place of Business  
**10000 WEST COLONIAL DRIVE, SUITE 288  
OCOE, FL 34761**

Mailing Address  
**10000 WEST COLONIAL DRIVE, SUITE 288  
OCOE, FL 34761**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



01202005 Chg-LP CR2E003 (10/03)

4. FEI Number **10-0080034** Applied For  
**NOT APPLICABLE** Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FLORIN, JORGE L  
10000 WEST COLONIAL DRIVE, SUITE 288  
OCOE, FL 34761**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (if applicable)

9. Capital Contributions as Shown on record. **\$5,001,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **516.25**

**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 STREET ADDRESS CITY - ST - ZIP	<b>L03000024993 FLORIN MANAGEMENT, LLC 10000 WEST COLONIAL DRIVE, SUITE 288 OCOE, FL 34761</b>	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>10000233275 02/22/05-80037-006 526.25</b>
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STAPLE CHECK HERE

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:** Jorge Florin **2/16/05** **407-521-366**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #