## 2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

SECRETARY OF STATE DIVISION OF CORPORATIONS ስተተና በ DOCUMENT # A03000001832 05 JUL 14 AM 9:55 STAN VM LIMITED PARTNERSHIP Principal Place of Business Mailing Address 3211 S. OCEAN BLVD., #301 3211 S. OCEAN BLVD., #301 HIGHLAND BEACH, FL 33487 HIGHLAND BEACH, FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07112005 CR2E003 (10/03) Chg-LP City & State Applied For City & State 4. FEI Number 04-3781717 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEISS, STANLEY P Street Address (P.O. Box Number is Not Acceptable) 3211 S. OCEAN BLVD., #301 HIGHLAND BEACH, FL 33487 Zip Code City 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, typed or printed name of registered agent and title if applicable in In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. 10. Amount of Capital Contributions 9. Capital Contributions \$3,000,000.00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. G03364900001 DOCUMENT # STREET ADDRESS NAME STANLEY P. WEISS REVOC. TRUST UAD 5/25/94 3211 S. OCEAN BLVD., #301 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIGHLAND BEACH, FL 33487 <del>0000577694</del> **DOCUMENT #** 07/22/05--01003--024 \*\*526.25 STREET ADDRESS NAME STREET ADDRESS CITY+ST+7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP 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

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CHECK

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SIGNATURE: 🞾