

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

**FILED**  
Feb 15, 2005 08:00 AM  
Secretary of State

DOCUMENT # A03546

1. Entity Name  
DITADORS PARTNERSHIP, LTD.



Principal Place of Business  
750 OCEAN DRIVE  
MIAMI BEACH, FL 33139

Mailing Address  
750 OCEAN DRIVE  
MIAMI BEACH, FL 33139



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062005

Chg-LP

CR2E003 (10/03)

4. FEI Number  
59-1515295

Applied For  
Not Applicable

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

MUHLRAD, MORRIS  
750-OCEAN DRIVE  
MIAMI BEACH, FL 33139

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$70,271.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$70,271

**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 # P96000026645  
NAME SIRROM CORPORATION  
STREET ADDRESS 750 OCEAN DRIVE  
CITY-ST-ZIP MIAMI BEACH, FL 33139

STREET ADDRESS

CITY-ST-ZIP

000000230121  
02/15/05-80030-004 535.00

DOCUMENT #  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/7/05 305-534-2161

STAPLE CHECK HERE