

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

05 APR 19 PM 4:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A04000000110



1. Entity Name
SOLA AT RIVERFRONT ASSOCIATES LIMITED
PARTNERSHIP

Principal Place of Business
321 E. HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441

Mailing Address
321 E. HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
20-0677140

Applied For
Not Applicable

Zip

Country

Zip

Country

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

STOTZER, THEODORE R
321 E. HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441

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.

\$100.00

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 # P04000012831
NAME THE STRAND OF FT. LAUDERDALE, INC.
STREET ADDRESS 321 E. HILLSBORO BLVD.
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

STREET ADDRESS
CITY-ST-ZIP

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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

APR 18 2005

Date

954 418-0208

Daytime Phone #

STAPLE CHECK HERE