


8526.25

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 SEP 13 AM 11:12

DOCUMENT # A04000000146			
1. Entity Name FALIN INVESTMENTS, LTD.			
Principal Place of Business 5701 COLLINS AVE, APT 815 MIAMI BEACH, FL 33140		Mailing Address 5701 COLLINS AVE, APT 815 MIAMI BEACH, FL 33140	
2. Principal Place of Business 316 VIRGINIA STREET Suite, Apt. #, etc.		3. Mailing Address 316 VIRGINIA STREET Suite, Apt. #, etc.	
City & State HOLLYWOOD FL		City & State HOLLYWOOD FL	
Zip 33019	Country US	Zip 33019	Country US
6. Name and Address of Current Registered Agent DANIELS, NICHOLAS M ESQ THERREL BAISDEN, P.A.-SUNTRUST INT'L CTR ONE SE 3RD AVE, STE 2400 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: JAMES ROGER FALIN Street Address (P.O. Box Number is Not Acceptable): 411 N New River DR #403 City: FT LAUDERDALE FL Zip Code: 33301	
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: <i>[Signature]</i> D. JAMES ROGER FALIN DATE: 9/1/05			
9. Capital Contributions as Shown on record. \$3,306,860.00		10. Amount of Capital Contributions in FLORIDA to date.	
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.			
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	P04000015987 ANTFAL, INC. 5701 COLLINS AVE, APT 815 MIAMI BEACH, FL 33140	STREET ADDRESS CITY-ST-ZIP	316 VIRGINIA STREET HOLLYWOOD FL 33019
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	411 N. New River DR #403
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	000060222970 10/04/05-01068-012 **676.25
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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: <i>[Signature]</i> D. JAMES R. FALIN		DATE: 9/1/05 DAYTIME PHONE: 305-475-8899	

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