
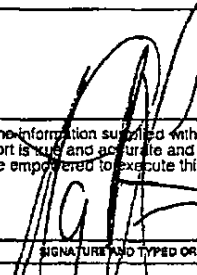


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR -2 AM 11:17

<b>DOCUMENT # A04000000214</b>					
1. Entity Name RUBEN/LIEBERMAN/HOLLAND DEVELOPMENT, LLLP					
Principal Place of Business ONE S. SCHOOL AVE #500 SARASOTA, FL 34237			Mailing Address ONE S. SCHOOL AVE #500 SARASOTA, FL 34237		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-0862590</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  LIEBERMAN, LARRY F ONE S. SCHOOL AVE #500 SARASOTA, FL 34237				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 _____ <small>Signature, typed or printed name of registered agent and the date it is applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$100.00</b>			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 #	NAME	STREET ADDRESS	CITY-ST-ZIP		
	RUBEN, WAYNE M	ONE S. SCHOOL AVE #500	SARASOTA, FL 34237		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP		
	LIEBERMAN, LARRY P	ONE S. SCHOOL AVE #500	SARASOTA, FL 34237		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP		
	HOLLAND, ROGER L	ONE S. SCHOOL AVE #500	SARASOTA, FL 34237		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP		
DOCUMENT #	NAME	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:  <b>LARRY P. LIEBERMAN</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #					

STAPLE CHECK HERE