

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005


FILED

2005 APR 27 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04012005 Chg-LP CR2E003 (10/03)

DOCUMENT # A04000000456					
1. Entity Name SOLIVITA ASSOCIATES, LTD.					
Principal Place of Business 1541 SUNSET DRIVE, #300 CORAL GABLES, FL 33143			Mailing Address 1541 SUNSET DRIVE, #300 CORAL GABLES, FL 33143		
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	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HIGIER, GERALD M 1541 SUNSET DRIVE, #300 CORAL GABLES, FL 33143			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 title if applicable.</small>					
9. Capital Contributions as Shown on record. \$990.00		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 #	L04000022033		STREET ADDRESS		
NAME	SOLIVITA ASSOCIATES, LLC		CITY-ST-ZIP	500052173315	
STREET ADDRESS	1541 SUNSET DRIVE, #300			04/27/05--01003--002 **\$55.00	
CITY-ST-ZIP	CORAL GABLES, FL 33143				
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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: <i>Gerald M. Higier</i>			Date: 4/13/05 Daytime Phone: 305-666-2140		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE