

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED

2005 APR 28 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A04000000668</b>					
<b>1. Entity Name</b> LIFELINE PARTNERS LTD.					
<b>Principal Place of Business</b> <del>3001 S OCEAN DR #9-B</del> HOLLYWOOD, FL 33019 P.O. Box 85241 HALLANDALE FLA 33008			<b>Mailing Address</b> <del>3001 S OCEAN DR #9-B</del> HOLLYWOOD, FL 33019 P.O. Box 85241 HALLANDALE FLA 33008		
<b>2. Principal Place of Business</b> P.O. Box 85241 Suite, Apt. #, etc.		<b>3. Mailing Address</b> P.O. Box 85241 Suite, Apt. #, etc.			
<b>City &amp; State</b> Hallandale, Florida		<b>City &amp; State</b> Hallandale, Florida		<b>4. FEI Number</b> 20-1076629	
<b>Zip</b> 33008		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> COFIN, ALAN B C/O ABRAMS ANTON P.A. 2021 TYLER ST HOLLYWOOD, FL 33020			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>9. Capital Contributions as Shown on record.</b> \$1,000,000.00			<b>10. Amount of Capital Contributions in FLORIDA to date.</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
<b>DOCUMENT #</b> LOUISE ZIRINSKY <b>NAME</b> ZIRINSKY LOUISE <b>STREET ADDRESS</b> <del>3001 S OCEAN DR #9-B</del> HOLLYWOOD, FL 33019 P.O. Box 85241 HALLANDALE FLA 33008			<b>STREET ADDRESS</b> P.O. Box 85241 <b>CITY-ST-ZIP</b> Hallandale, Florida 33008		
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY-ST-ZIP			<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
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<b>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</b>					
<b>SIGNATURE:</b> <u>Louise Zirinsky Louise ZIRINSKY 4/28/05 954 994-1158</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

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