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2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

DAVIE, FL 33328  Suite, Apt. 4, etc.  O4252005 Chg-LP CR2E003 (10'03)  CRy & State  Cr	1. Entity Na	MENT # A		731	, 2000			) i/ -	05 APR 2 SECRETAR ALLAHASS	ILE P9 AM	
Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Ode State  City & State  A. FEI Number  S. Cenificate of Stanus Desired  Stanus Address of New Registered Agent  Name  City S. Cenificate of Stanus Desired  Stanus Address of New Registered Agent  Name  City S. Cenificate of Stanus Desired  Stanus Address of New Registered Agent  Stanus Address of New Registered Agent  Name  Stanus Address (P.O. Box Number is Not Acceptable)  Stanus Address (P.O. Box Number is Not Acceptable)  DAVIE, F.L. 33328  City S. Cenificate of Stanus Desired  Stanus Address of New Registered Agent  Stanus Address of P.O. Box Number is Not Acceptable)  DAVIE, F.L. 33328  STANUS ADdress of Stanus Address of New Registered Agent  STANUS Address (P.O. Box Number is Not Acceptable)  DAVIE, F.L. 33328  DAVIE AND STANUS ACCEPTABLE INFORMATION  13. ACCEPTABLE INFORMATION  14. ACCEPTABLE INFORMATION  15. ACCEPTABLE INFORMATION  16. ACCEPTAB	3325 SOUT	H UNIVERSITY DRIV	E, SUITE 210	3325 S(	OUTH UNIVERS	ITY DRIV	E, SUITE 2 0			EE, FLOR	
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Zip Country 5. Cardificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of Name 3. Street Address (P.O. Box Number is Not Acceptable)  ROSS BARRY 332S SOUTH UNIVERSITY DRIVE, SUITE 210  DAVIE, FL 33328  City FL Zip Code  6. The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Forda. I am familiar with, and the colligations of registered agent, or both, in the State of Forda. I am familiar with, and the colligations of registered agent.  SIGNATURE 5. Address (P.O. Box Number is Not Acceptable)  DAVIE 5. Address (P.O. Box Number is Not Acceptable)  1. City FL Zip Code  6. The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Forda. I am familiar with, and the colligations of registered agent, or both, in the State of Forda. I am familiar with, and the colligations of registered agent, or both, in the State of Forda. I am familiar with, and the colligations of registered agent, or both, in the State of Forda. I am familiar with, and the colligations of registered agent, or both, in the State of Forda. I am familiar with, and the colligations of registered agent, or both, in the State of Forda. I am familiar with, and the colligations of registered agent, or both, in the State of Forda. I am familiar with, and the colligations of registered agent, or both, in the State of Forda. I am familiar with, and the collegations of registered agent, or both, in the State of Forda. I am familiar with, and the collegations of registered agent, or both, in the State of Forda. I am familiar with, and in a General Pamiliar with, and the collegation of the Complete of Pamiliar with and the collegation of the Complete of Pamiliar with and the collegation of the Complete of Pamiliar with and the collegation of the Complete of Pamiliar with and the collegation of the Complete of Pamiliar with and collegation of the Immedion of the Immediate of Pamiliar with ano	Suite, Ap	#, etc.	Suite, A	Suite, Apt. #, etc.			04252005	Chg-LP	CR2E003	(10/03)	
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ROSS, BARRY 3325 SOUTH UNIVERSITY DRIVE, SUITE 210  DAVIE, FL 33328  City FL Zip Code  City FL Zip Code  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE	Zip	Con	untry	Zip		Cour	ntry	5. Certificate of	Status Desired		3.75 Additional
ROSS, BARRY 3325 SOUTH UNIVERSITY DRIVE, SUITE 210  DAVIE, FL 33328  City  FL Zip Code  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered editice or registered agent, or both, in the State of Florida. I am familiar with, and the colligations of registered agent.  9. Capital Contributions as Shown on record.  9. Capital Contributions in FLORIDA to date.  A GENERAL PARTNER THAT 15 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  14. ADDRESS CHANGES ONLY  15. ADDRESS CHANGES ONLY  16. ADDRESS CHANGES ONLY  17. ST-ZP  DOCUMENT / INAM STREET ADDRESS  CITY-ST-ZP  D		6. Name and A	ddress of Current	Registered A	Agent			7. Name and A	ddress of New R	legistered Age	int
the obligations of registered agent.  SIGNATURE  Signature. Typed or printed nerve of registered spent and title if explicable.  9. Capital Contributions as Shown on record.  \$5,761,000.00  10. Amount of Capital Contributions in FLORIDA to date.  A GENERAL PARTNER THAT IS A BUSINESS SITEMATIVE 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  STREET ADDRESS  CITY-ST-ZP  DOCUMENT / NAME  STREET ADDRESS	3325 SOL	ITH UNIVERSIT	TY DRIVE, SUIT	ΓΕ 210			Street Address (	P.O. Box Number	is Not Acceptable		Zip Code
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CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling 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 partner.											····-
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