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## 2005 LIMITED PARTNERSHIP ANNUAL REPORT

**Due By May 1, 2005**

7d 2/8/05  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 11 AM 10:06

<b>DOCUMENT # A04000000765</b> 1. Entity Name <b>CONDOVERTERS CONVERSION, LTD.</b>					
Principal Place of Business <b>1 NE 1ST STREET, SUITE 700 MIAMI, FL 33132</b>			Mailing Address <b>1 NE 1ST STREET, SUITE 700 MIAMI, FL 33132</b>		
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>32-0116103</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ROSEN, WENDI R ESQ. 48 EAST FLAGLER STREET, SUITE 368 MIAMI, FL 33131</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. <b>\$700.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<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>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	<b>CONDOVERTERS, INC.</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>1 NE 1ST STREET, SUITE 700</b>				
CITY-ST-ZIP	<b>MIAMI, FL 33132</b>				
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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					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: <b>1/10/05</b> Daytime Phone #: <b>305-416-4360</b>		

STAPLE CHECK HERE