

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

DOCUMENT # A04000000879	
1. Entity Name ORIAL GROUP LTD.	



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 25 AM 10: 05

Principal Place of Business 2999 NE. E. 191ST STREET 404 AVENTURA, FL 33021 US	Mailing Address 2999 NE. E. 191ST STREET 404 AVENTURA, FL 33021 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08052005 Chg-LP CR2E003 (10/03)

4. FEI Number	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
GINSBERG, JILL R 3875 AMALFI DRIVE HOLLYWOOD, FL 33021	

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$0.00	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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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 #	L04000040106	STREET ADDRESS	
NAME	SKIWATER GROUP, LLC	CITY-ST-ZIP	
STREET ADDRESS	2999 N.E. 191 STREET #404		
CITY-ST-ZIP	AVENTURA, FL 33180		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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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: Shane Ferry for Orial Group LTD 08-15-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STATE OF FLORIDA