

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A04000000960 1. Entity Name PLANTATION KEY OFFICE PARK, LLLP					
Principal Place of Business 8725 N.W. 18TH TERRACE, SUITE 204 MIAMI, FL 33172			Mailing Address 8725 N.W. 18TH TERRACE, SUITE 204 MIAMI, FL 33172		
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 20-1278653	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COHEN, GARY J 201 S. BISCAYNE BLVD. 1500 MIAMI CENTER MIAMI, FL 33131			7. Name and Address of New Registered Agent Name PAUL DOUGLAS Street Address (B.O. Box Number is Not Acceptable) 8725 NW 18 TER, SUITE 204 City MIAMI FL 33172		
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 <i>Paul Douglas</i> PAUL DOUGLAS, PARTNER DATE 4-28-05 <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,000.00		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 #	L04000044834		STREET ADDRESS		
NAME	PLANTATION KOP, LLC		CITY-ST-ZIP		
STREET ADDRESS	8725 N.W. 18TH TERRACE, SUITE 204		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
DOCUMENT #	F96000003355		STREET ADDRESS		
NAME	FLORIDA OFFICE CORP.		CITY-ST-ZIP		
STREET ADDRESS	One Chase Manhattan Plaza		600054520516 05/13/05--01057--015 **141.25		
CITY-ST-ZIP	New York, NY 10005		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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>Paul Douglas</i> PAUL DOUGLAS			Date 4-28-05		Daytime Phone # 305-594-7730

STAPLE CHECK HERE

FILED

05 APR 29 PM 6:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

