


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 2005 APR 25 PM 12: 25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A04000001057

1. Entity Name
 CD90 MERCANTILE PLAZA, LTD.



Principal Place of Business
 1350 EAST NEWPORT CENTER DRIVE, SUITE 206
 DEERFIELD BEACH, FL 33442

Mailing Address
 1350 EAST NEWPORT CENTER DRIVE, SUITE 206
 DEERFIELD BEACH, FL 33442

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03152005 Chg-LP CR2E003 (10/03)

4. FEI Number
 20-1818666

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAY LAW OFFICES
 C/O JAMES R. KAY, ESQ.
 700 VILLAGE SQUARE CROSSING, STE 102B
 PALM BEACH GARDENS, FL 33410

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. **\$5,000,000.00**

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 #	FLATAUR CD90, LLC	STREET ADDRESS	
NAME	1350 EAST NEWPORT CENTER DRIVE, SUITE 206	CITY-ST-ZIP	
STREET ADDRESS	DEERFIELD BEACH, FL 33442		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	700054344887
NAME		CITY-ST-ZIP	05/12/05--01080--020 **535.00
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CITY-ST-ZIP			

STAPLE CHECK HERE

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: *Linda Kassof* Linda Kassof 04/22/2005 (954) 428-4585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #