

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 29 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04262005 Chg-LP CR2E003 (10/03)

|   |  |  |         |
|---|--|--|---------|
| <b>DOCUMENT # A04000001203</b>  |  |   |         |
| 1. Entity Name<br>KATZ GLADES TWIN PLAZA INVESTMENT, LLLP   |  |  |         |
| Principal Place of Business<br>2665 SOUTH BAYSHORE DRIVE, PENTHOUSE 2A<br>MIAMI, FL 33133   |  | Mailing Address<br>2665 SOUTH BAYSHORE DRIVE, PENTHOUSE 2A<br>MIAMI, FL 33133  |         |
| 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<br><b>87-0729636</b>  |  | Applied For<br>Not Applicable  |         |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional Fee Required   |         |
| 6. Name and Address of Current Registered Agent<br><br>KATZ, EZRA<br>2665 SOUTH BAYSHORE DRIVE, PENTHOUSE 2A<br>MIAMI, FL 33133   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |  |  |         |
| 9. Capital Contributions as Shown on record. <b>\$2,017,413.09</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><br><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 #  | KATZ, EZRA<br>2665 SOUTH BAYSHORE DRIVE, PENTHOUSE 2A<br>MIAMI, FL 33133 | STREET ADDRESS   |         |
| NAME  |  | CITY-ST-ZIP  |         |
| CITY-ST-ZIP   |  |  |         |
| DOCUMENT #  |  | STREET ADDRESS   |         |
| NAME  |  | CITY-ST-ZIP  |         |
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| NAME  |  | 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:   |  | 4/28/05 305-854-5000   |         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  |  | Date Daytime Phone #   |         |

STAPLE CHECK HERE