


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A04000001303 1. Entity Name GO ROBINHOOD, LLLP	
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SECRETARY OF STATE
 TALLAHASSEE FLORIDA

MJM



Principal Place of Business 13635 DEERING BAY DRIVE, #224 CORAL GABLES, FL 33158	Mailing Address 13635 DEERING BAY DRIVE, #224 CORAL GABLES, FL 33158
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2. Principal Place of Business 2550 N.W. 72 Ave Suite, Apt. #, etc. #101 City & State Miami, FL Zip 33122 Country USA	3. Mailing Address 2550 N.W. 72 Ave Suite, Apt. #, etc. #101 City & State Miami, FL Zip 33122 Country USA
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01032005 Chg-LP CR2E003 (10/03) 1/10

4. FEI Number 58-1537505	<input type="checkbox"/> Applied For <input checked="" 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 SIMON, GARY P ESQ. C/O SIMON & SIMON, P.A. 9100 S. DADELAND BLVD., SUITE 504 MIAMI, FL 33156	7. Name and Address of New Registered Agent Name Mark Orovitz Street Address (P.O. Box Number is Not Acceptable) 2550 N.W. 72 Ave #101 City Miami FL Zip Code 33122
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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 Mark Orovitz DATE 1/4/05

9. Capital Contributions as Shown on record. \$430,000.00

10. Amount of Capital Contributions in FLORIDA to date. 430,000.00

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	OROVITZ, W. JAMES		
	13635 DEERING BAY DRIVE, #224		
	CORAL GABLES, FL 33158		
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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: W. James Orovitz W. JAMES OROVITZ DATE 1/4/05 DAYTIME PHONE # 305-235-3200

STAPLE CHECK HERE