


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A0400000352

1. Entity Name
 MILAM 25 LLLP



FILED

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SECRETARY OF STATE
 TALLAHASSEE FLORIDA

M-100

Principal Place of Business
 13635 DEERING BAY DRIVE, #224
 CORAL GABLES, FL 33158

Mailing Address
 13635 DEERING BAY DRIVE, #224
 CORAL GABLES, FL 33158



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

01032005 Chg-LP CR2E003 (10/03) 1/10

4. FEI Number 65-0480182

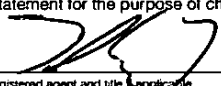
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 SIMON, GARY P ESQ
 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

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. \$900,000.00

10. Amount of Capital Contributions in FLORIDA to date. 900,000.00

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

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

STAPLE CHECK HERE