

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

<b>DOCUMENT # A04000001475</b> 1. Entity Name 167TH STREET SHOPPING CENTER, LLLP						<b>FILED</b> 05 JAN 10 PM 2:20 CLERK OF STATE TALLAHASSEE FLORIDA <div style="text-align: right; margin-top: 10px;"><b>MAJ</b></div>	
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		3. Mailing Address 2550 N.W. 72 Ave Suite, Apt. #, etc. #101		01032005 Chg-LP CR2E003 (10/03) <b>1110</b>			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 59-1389662			
Zip 33122		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  SIMON, GARY P C/O SIMON & SIMON, P.A. 9100 S. DADELAND BLVD., SUITE 504 MIAMI, FL FL331-56				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 <u>Mark Orovitz</u> DATE <u>1/5/05</u> <small>Signature, typed or printed name of registered agent and title, if applicable.</small>							
9. Capital Contributions as Shown on record. \$728,500.00				10. Amount of Capital Contributions in FLORIDA to date. <u>728,500.00</u>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
<b>12. GENERAL PARTNER INFORMATION</b>				<b>13. ADDRESS CHANGES ONLY</b>			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP OROVITZ, W. JAMES 13635 DEERING BAY DRIVE, #224 CORAL GABLES, FL 33158				STREET ADDRESS 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: <u>W. James Orovitz</u> - W. JAMES OROVITZ DATE <u>1/4/05</u> 305-235-3200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>							

STAPLE CHECK HERE