

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

**FILED**

2005 MAY -2 P 4: 18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # A04000001663</b>				
1. Entity Name GABLES BEACH, LTD				
Principal Place of Business 801 ARTHUR GODFREY ROAD SUITE 600 MIAMI BEACH, FL 33140 US		Mailing Address 801 ARTHUR GODFREY ROAD SUITE 600 MIAMI BEACH, FL 33140 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
01212005		Chg-LP	CR2E003 (10/03)	
4. FEI Number			Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
PEARCE, PAM 801 ARTHUR GODFREY ROAD SUITE 600 MIAMI BEACH, FL 33140		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City		
		<b>FL</b>	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
9. Capital Contributions as Shown on record. <b>\$1,000.00</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. 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 #	P04000144799	STREET ADDRESS		
NAME	GABLES BEACH, INC.	CITY-ST-ZIP		
STREET ADDRESS	801 ARTHUR GODFREY ROAD, SUITE 600			
CITY-ST-ZIP	MIAMI BEACH, FL 33140			
DOCUMENT #		STREET ADDRESS		
NAME		CITY-ST-ZIP	<b>700055185877</b>	
STREET ADDRESS			05/24/05--01033--006 **70.75	
CITY-ST-ZIP				
DOCUMENT #		STREET ADDRESS		
NAME		CITY-ST-ZIP	<b>700055185877</b>	
STREET ADDRESS			05/24/05--01033--007 **70.50	
CITY-ST-ZIP				
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NAME		CITY-ST-ZIP		
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NAME		CITY-ST-ZIP		
STREET ADDRESS				
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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

*[Handwritten Signature]*  
**STEPHEN H. BITTEL**  
 Resident Gables Beach, Inc.