## 2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

CHECK

STAPLE

SIGNATURE:

## FILEU DOCUMENT # A04000001740 SECRE TARY OF STATE DIVISION OF CORPORATIONS REGIONS FINANCIAL TOWER, LLLP 05 JUN 20 AM 8: 27 Principal Place of Eusiness Mailing Address 1555 PALM BEACH LAKES BOULEVARD 1555 PALM BEACH LAKES BOULEVARD SUITE 1100 WEST PALM BEACH FL 33401 SUITE 1100 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1ST MOORE CR2E003 (10/04) City & State City & State 4. FEI Number Applied For Not Applicable 7ip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1555 OPERATING COMPANY Street Address (P.O. Box Number is Not Acceptable) 1555 PALM BEACH LAKES BOULEVARD **SUITE 1100** WEST PALM BEACH FL 33401 Zin 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. 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE Signature, typed or printed name of registered agent and title it applicable See Block 11 instructions for fee info. DATE 9. Capital Contributions 10. Amount of Capital Contributions as Shown on record \$22,000,000.00\$22,000,000.00 in FLORIDA to date. 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. GÉNERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # P04000150393 STREET ADDRESS 1555 OPERATING COMPANY NAME STREET ADDRESS 1555 PALM BEACH LAKES BOULEVARD, #1100 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 800056637398 06/29/05--01009--008 \*\*535.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

Ron Cooper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/05

Date

561-686-2000

Daytime Phone #