


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 20 AM 9:37

DOCUMENT # A04000001805 1. Entity Name PENNSYLVANIA PROPERTY PARTNERS, LTD.					
Principal Place of Business 1600 N.W. 163RD STREET MIAMI, FL 33269			Mailing Address 1600 N.W. 163RD STREET MIAMI, FL 33269		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 05062005 Chg-LP CR2E003 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SEIF, EVAN D ESQ. C/O BRIER AND SEIF, P.A. 2800 PONCE DE LEON BLVD., SUITE 1125 CORAL GABLES, FL 33134				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$2,650,000.00		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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 #	P04000145943		STREET ADDRESS		
NAME	PENNSYLVANIA PROPERTY GP, INC.		CITY-ST-ZIP		
STREET ADDRESS	1600 N.W. 163RD STREET		CITY-ST-ZIP		
CITY-ST-ZIP	MIAMI, FL 33269		STREET ADDRESS	500056615615	
DOCUMENT #			CITY-ST-ZIP	06/28/05--01038--014 **526.25	
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CITY-ST-ZIP			STREET ADDRESS		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			6/10/05 305-625-4171 <small>Date Daytime Phone #</small>		

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