

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By September 7, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 SEP 23 AM 11:58

<b>DOCUMENT # A04000001916</b> 1. Entity Name <b>HALPS 51, LLLP</b>					
Principal Place of Business <b>500 SOUTHEAST FIFTH AVENUE PENTHOUSE 01 BOCA RATON, FL 33432 US</b>			Mailing Address <b>500 SOUTHEAST FIFTH AVENUE PENTHOUSE 01 BOCA RATON, FL 33432 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08232005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number <span style="float: right;">Applied For Not Applicable</span>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HALPERIN, BARRY S 500 SOUTHEAST FIFTH AVENUE PENTHOUSE 01 BOCA RATON, FL 33432</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL Zip Code</span>	
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>\$0.00</b>		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.	
<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>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L04000086209		STREET ADDRESS	<b>REINSTATEMENT 2005</b>  <b>000061086330</b> <b>11/02/05 01004 001 **141.25</b>	
NAME	BSH, LLC		CITY-ST-ZIP		
STREET ADDRESS	500 SOUTHEAST FIFTH AVENUE, PENTHOUSE 01				
CITY-ST-ZIP	BOCA RATON, FL 33432		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: <i>Barry S Halperin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: <b>9/21/05</b> <span style="float: right;">Daytime Phone #: <b>600-0772</b></span>		

STAPLE CHECK HERE