
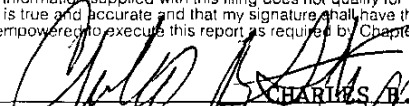


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR -4 AM 10:14

<b>DOCUMENT # A05624</b>					
1. Entity Name <b>STUZIN ASSOCIATES, LIMITED</b>					
Principal Place of Business <b>220 ALHAMBRA CIRCLE, SUITE 700 CORAL GABLES, FL 33134</b>			Mailing Address <b>220 ALHAMBRA CIRCLE, SUITE 700 CORAL GABLES, FL 33134</b>		
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 <b>59-1843484</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>STUZIN, CHARLES B. 220 ALHAMBRA CIRCLE, SUITE 700 CORAL GABLES, FL 33134</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	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 true if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$6,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>\$8,000,000.00</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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P00000111376		STREET ADDRESS		
NAME	STUZIN ENTERPRISES, INC.		CITY-ST-ZIP	<b>200048122672</b>	
STREET ADDRESS	220 ALHAMBRA CIRCLE, SUITE 700			03/10/05--01011--002 **526.25	
CITY-ST-ZIP	CORAL GABLES, FL 33134				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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: 			CHARLES B. STUZIN, PRESIDENT 2/25/2005 (305)774-0454		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date: Dividing Phone #		

STAPLE CHECK HERE