


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 FEB 18 AM 8:45

DOCUMENT # A07388					
1. Entity Name HIALEAH LAKES PLAZA 123, LTD.					
Principal Place of Business C/O DAVID H. ZOBERG 8367 BIRD ROAD MIAMI, FL 33155			Mailing Address C/O DAVID H. ZOBERG 8367 BIRD ROAD MIAMI, FL 33155		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHOOTING STAR ENTERPRISES, INC. 8367 BIRD RD. MIAMI, FL 33155				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 <u>DAVID H. ZOBERG</u>				DATE	
9. Capital Contributions as Shown on record. \$98,758.75				10. Amount of Capital Contributions in FLORIDA to date. <u>1/31/05</u>	
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 #	610845		STREET ADDRESS		
NAME	SHOOTING STAR ENTERPRISES, INC.		CITY-ST-ZIP		
STREET ADDRESS	8367 BIRD RD.				
CITY-ST-ZIP	MIAMI, FL				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
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: <u>David H. Zoberg, President</u>				Date: <u>1/31/05</u>	
				Daytime Phone #: <u>305 226 4080</u>	

STAPLE CHECK HERE

Handwritten initials



01212005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-1909267 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

300047493513
 03/01/05--01035--011 **526.25