


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 18 AM 8:45

<b>DOCUMENT # A07388</b> 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1909267	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHOOTING STAR ENTERPRISES, INC. 8367 BIRD RD. MIAMI, FL 33155				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE <u>DAVID H. ZOBERG</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				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>		
<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 #	610845		STREET ADDRESS		
NAME	SHOOTING STAR ENTERPRISES, INC.		CITY-ST-ZIP		
STREET ADDRESS	8367 BIRD RD.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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CITY-ST-ZIP			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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date <u>1/31/05</u> Daytime Phone # <u>305 226 4080</u>		

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