

**2005-LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN -3 AM 9:14

DOCUMENT # A07557
1. Entity Name
MIAMI CENTER LIMITED PARTNERSHIP

Principal Place of Business Mailing Address
ECHO HILL PO BOX 5564 CHARLOTTESVILLE VA 22905
ECHO HILL PO BOX 5564 CHARLOTTESVILLE VA 22905



1ST MOORE CR2E003 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

4. FEI Number **52-1167858** Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
**AGENTS AND CORPORATIONS, INC.
773 4TH AVENUE NORTH, SUITE E
NAPLES FL 34102**

7. Name and Address of New Registered Agent
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.

**11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.**

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record **\$10,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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	
DOCUMENT #	
NAME	GOULD, THEODORE B.
STREET ADDRESS	1510 ECHO HILL FARM LANE
CITY-ST-ZIP	CHARLOTTESVILLE VA 22901
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	100056403871
CITY-ST-ZIP	06/21/05--01067--010 **\$26.25
STREET ADDRESS	
CITY-ST-ZIP	
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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

STAPLE CHECK HERE

SIGNATURE: *Theodore B. Gould* **THEODORE B. GOULD** 06/23/05 (917) 744-6470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #