


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

**FILED**  
**Feb 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A11492</b> 1. Entity Name CHAPEL TRAIL, LTD.	
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Principal Place of Business 21011 JOHNSON STREET SUITE 101 PEMBROKE PINES FL 33029	Mailing Address 21011 JOHNSON STREET SUITE 101 PEMBROKE PINES FL 33029
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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1ST MOORE CR2E003 (10/04)

4. FEI Number 59-2140301	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KOENIG, PAUL 21011 JOHNSON STREET SUITE 101 PEMBROKE PINES FL 33029	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

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

DATE

11. FILE NOW!!! Due by May 1, 2005.

See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. \$2,975,903.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	305176 SAJIK CORP. 21011 JOHNSON STREET, SUITE 101 PEMBROKE PINES FL 33029	STREET ADDRESS CITY - ST - ZIP	000000229990 02/15/05-80023-018 526.25
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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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SAJIK CORP., its general partner  
MICHAEL A. KOENIG, VP 2/2/2005 954-436-9000

Date

Daytime Phone #

STAPLE CHECK HERE