



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

**FILED**

**Apr 26, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # A11744</b> 1. Entity Name <b>COURY INVESTMENTS, LIMITED</b>					
Principal Place of Business <b>20458 OLD CUTLER ROAD MIAMI FL 33189</b>				Mailing Address <b>P.O. BOX 143914 CORAL GABLES FL 33114</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>59-2173486</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MULLER, CHARLES E II 7385 GALLOWAY ROAD SUITE 200 MIAMI FL 33173</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____	
9. Capital Contributions as Shown on record. <b>\$12,069,306.00</b>		10. Amount of Capital Contributions in FLORIDA to date.		11. <b>FILE NOW!!! Due by May 1, 2005.</b> See Block 11 instructions for fee info.	
<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 #	NAME		STREET ADDRESS		
STREET ADDRESS	CITY-ST-ZIP		CITY-ST-ZIP		
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STREET ADDRESS	CITY-ST-ZIP		CITY-ST-ZIP		
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STREET ADDRESS	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)(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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE <u><i>Mary Ann Bell</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			4-13-05 <small>Date</small>		305-371-2902 <small>Daytime Phone #</small>

STAPLE CHECK HERE