


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB -7 AM 9:26

DOCUMENT # A13382 1. Entity Name WILLOWBROOK ASSOCIATES, LTD.					
Principal Place of Business 1860 S.W. 68 AVE. MIRAMAR, FL 33023 US			Mailing Address 455 FAIRWAY DRIVE, #101 301 DEERFIELD BEACH, FL 33441 US		
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 59-2233199		
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SPIEGEL, SAM 10 FAIRWAY DR. 455 Fairway Drive #301 STE #114 DEERFIELD BEACH, FL 33441			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.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$750,000.00			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			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
SPIEGEL, SAM 455 FAIRWAY DRIVE, #101 301 DEERFIELD BEACH, FL 33441					
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
<small>Date Daytime Phone #</small>					

STAPLE CHECK HERE