



2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # A14197 1. Entity Name PARK, LTD.					
Principal Place of Business 16236 SAN DIEGUITO RD, SUITE A-21 RANCHO SANTA FE, CA 92067				Mailing Address PO BOX 8960 RANCHO SANTA FE, CA 92067	
2. Principal Place of Business Suite, Apt #, etc. City & State Zip Country		3. Mailing Address Suite, Apt #, etc. City & State Zip Country			
02042005 Chg-LP CR2E003 (10/03)				4. FEI Number 59-1654669	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HINDEN, JON A ESQUIRE WEBBER, HINDEN & MCLEAN 4430 SW 64TH AVE. DAVIE, FL 33314			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 date if applicable</small>					
9. Capital Contributions as Shown on record. \$2,293,500.00		10. Amount of Capital Contributions in FLORIDA to date. \$2,293,500.00			
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 #	M03000003830		STREET ADDRESS		
NAME	COMMUNITY MANAGEMENT, LLC		CITY-ST-ZIP		
STREET ADDRESS	16236 SAN DIEGUITO RD, BLDG 1, #21		STREET ADDRESS		
CITY-ST-ZIP	RANCHO SANTA FE, CA		CITY-ST-ZIP		
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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)(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>			02/08/05 858-759-1490 <small>Date Daytime Phone #</small>		

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