
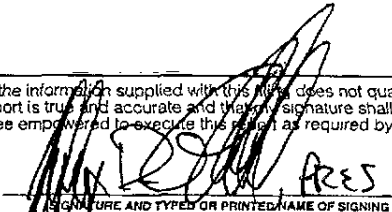


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

|  |                                    |   |  |   |  |
|--|------------------------------------|---|--|---|--|
| <b>DOCUMENT # A14609</b><br>1. Entity Name<br>CUTLERWOOD ASSOCIATES, LTD.  |                                    |   |  |  |  |
| Principal Place of Business<br>10960 SW 200 ST.<br>MIAMI, FL 33189   |                                    |   | Mailing Address<br>3850 HOLLYWOOD BLVD.<br>SUITE 400<br>HOLLYWOOD, FL 33021  |   |  |
| 2. Principal Place of Business   |                                    | 3. Mailing Address                                      |  |   |  |
| Suite, Apt. #, etc.  |                                    | Suite, Apt. #, etc.                                     |  |   |  |
| City & State   |                                    | City & State  |  |   |  |
| Zip  | Country                            | Zip   | Country  | 04122005    Chg-LP    CR2E003 (10/03)   |  |
| 4. FEI Number<br>59-2439660  |                                    |   |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                    |   |  | \$8.75 Additional<br>Fee Required   |  |
| 6. Name and Address of Current Registered Agent  |                                    |   | 7. Name and Address of New Registered Agent  |   |  |
| CORNFELD, ROBERT M<br>3850 HOLLYWOOD BLVD.<br>SUITE 400<br>HOLLYWOOD, FL 33021   |                                    |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |                                    |   |  |   |  |
| 9. Capital Contributions as Shown on record. \$1,580,000.00  |                                    | 10. Amount of Capital Contributions in FLORIDA to date. |  |   |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><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 #   | A31043                             |   | STREET ADDRESS   |   |  |
| NAME   | FLORIDA APARTMENT MANAGEMENT, LTD. |   | CITY-ST-ZIP  |   |  |
| STREET ADDRESS   | 3850 HOLLYWOOD BLVD., STE 400      |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | HOLLYWOOD, FL 33021                |   | CITY-ST-ZIP  |   |  |
| DOCUMENT #   |                                    |   | STREET ADDRESS   |   |  |
| NAME   |                                    |   | CITY-ST-ZIP  |   |  |
| STREET ADDRESS   |                                    |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                                    |   | CITY-ST-ZIP  |   |  |
| DOCUMENT #   |                                    |   | STREET ADDRESS   |   |  |
| NAME   |                                    |   | CITY-ST-ZIP  |   |  |
| STREET ADDRESS   |                                    |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                                    |   | CITY-ST-ZIP  |   |  |
| DOCUMENT #   |                                    |   | STREET ADDRESS   |   |  |
| NAME   |                                    |   | CITY-ST-ZIP  |   |  |
| STREET ADDRESS   |                                    |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                                    |   | CITY-ST-ZIP  |   |  |
| 14. I hereby certify that the information supplied with this form 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:  PRES<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>   |                                    |   | Date: 4/12/05 (954) 989-2200<br><small>Daytime Phone #</small>   |   |  |



STAPLE CHECK HERE