2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED May 16, 2005 08:00 AM Secretary of State

DOCUMENT # A14645 1. Entity Name OKEE SQUARE ASSOCIATES LTD.					Secretary of State
Principal Place of Business % THE GOODMAN COMPANY 777 S. FLAGLER DRIVE, SUITE 1101E WEST PALM BEACH, FL 33401		Mailing Address % THE GOODMAN COMPANY 777 S. FLAGLER DRIVE, SUITE 1101E WEST PALM BEACH, FL 33401		1101E 1	E CHENTRIA CEREN NECES AND A RICHER RANNA STERRA MARKA M
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		
Suite, Apt. #, etc		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04142005 Chg-LP CR2E003 (10/03)
City & State		City & State	City & State		4. FEI Number Applied For 59-1453879 Not Applicab
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
SHEWALTER, WILLIAM A % THE GOODMAN COMPANY				Street Address (P.O. Box Number is Not Acceptable)	
777 SOUTH FLAGLER DRIVE, SUITE 1101E WEST PALM BEACH, FL 33401					
				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 Signature, typed or printed name of registered agent and title if applicable					
9. Capital Contributions as Shown on record. \$5,932,903.00 10. Amount of Capital Contributions in FLORIDA to date. \$5,932,903					
					FERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.
12. GENERAL PARTNER INFORMATION 13					ADDRESS CHANGES ONLY
Document / Name	P93000004507 OKEE SQUARE, INC.			ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	S 777 S. FLAGLER DRIVE, STE 1101 W. PALM BEACH, FL 33401		CITY	-ST-ZIP	
DOCUMENT #	L04000007248				Hobbohoodka
NAME	OKEE GP LLC			ET ADDRESS	U00000356844
STREET ADDRESS CITY-ST-ZIP	777 S. FLAGLER DRIVE, STE 1101 WEST PALM BEACH, FL 33401		CITY	-ST-ZIP	
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14. I hereby of indicated the receive OKCE	certify that the information supplied with on this report is true and accurate and ar or trustee empowered to execute this Square, inc., general bar	this filing does not qualify that my signature shall have a report as required by Cha	or the exer e the same apter 620, F an Pro	nption stated in Sec legal effect as if ma forida Statutes DETTIES LIIC	ction 119.07(3)(i), Florida Statutes. I further certify that the information ade under oath; that I am a General Partner of the limited partnership of its manager.
SIGNAT	1 / // //////	15h_			4/30/05 561-833-3777

STAPLE CHECK HERE