2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILEU SECRETARY OF STATE **UMENT # A16975** DIVISION OF CORPORATIONS 1. Entity Name FORTY-THIRD STREET PROPERTIES, LTD. 05 MAR -7 AM 10: 02 Principal Place of Business Mailing Address 811 EAST-LAS OLAS-BOULEVARD FILLAUDERBALE, FL-33301 811 EAST LAS OLAS BOULEVARD FT. LAUDERDALE, FL 33301 2. Principal Place of Business 3. Mailing Address 1500 S.E. 9 ST Suite, Apt. #, etc. 02232005 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For T. LA UDERDALE 59-2405951 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33316 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEYER, CHARLES E. 811 FASTLAS OLAS BOULEVARD 1500 S.E. 945 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE, FL 33301- 33316 City 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 10. Amount of Capital Contributions \$148,400.00 as Shown on record. 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 ADDRESS CHANGES ONLY 13. DOCUMENT # STREET ADDRESS NAME MEYER, CHARLES E. STREET ADDRESS 1500 S.E. 9TH STREET CITY-ST-7IP CITY-ST-ZIP FT. LAUDERDALE, FL DOCUMENT # STREET ADDRESS MAME STREET ADDRESS **800048186808** 03/11/05--01007--016 **141.25 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS COY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-2P 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: