


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A17405			
1. Entity Name SIGNATURE GARDENS LTD.			
Principal Place of Business 12725 S.W. 122ND AVENUE MIAMI FL 33186		Mailing Address 12725 S.W. 122 AVE MIAMI FL 33186	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
2005 APR 27 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1ST MOORE CR2E003 (10/04)

4. FEI Number 59-2480157		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered		7. Name and Address of New Registered Agent	
MANCUSO, SAM 6900 STATE PARK RD. DAVIE FL 33317		Name SAM MANCUSO Street Address (P.O. Box Number is Not Acceptable) 6900 STATE PARK RD 84 City DAVIE FL Zip Code 33317	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	
9. Capital Contributions as Shown on record. \$3,200,000.00		10. Amount of Capital Contributions in FLORIDA to date. 3,200,000	

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

**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 #	G10998	STREET ADDRESS	
NAME	DEUX MICHEL, INC.	CITY-ST-ZIP	
STREET ADDRESS	12725 S.W. 122ND AVENUE		
CITY-ST-ZIP	MIAMI FL		
DOCUMENT #		STREET ADDRESS	
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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: David Sting (DAVID STING) TARS 4/20/05 (905) 251-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DEUX MICHEL Date Daytime Phone #

STAPLE CHECK HERE