


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

FILED

2005 APR 27 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A17405</b>			
1. Entity Name <b>SIGNATURE GARDENS LTD.</b>			
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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number <b>59-2480157</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered  <b>MANCUSO, SAM 6900 STATE PARK RD. DAVIE FL 33317</b>		7. Name and Address of New Registered Agent Name <b>SAM MANCUSO</b> Street Address (P.O. Box Number is Not Acceptable) <b>6900 STATE ROAD 84</b> City <b>DAVIE</b> FL Zip Code <b>33317</b>	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

9. Capital Contributions as Shown on record **\$3,200,000.00**

10. Amount of Capital Contributions in FLORIDA to date **3,200,000**

**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>G10998 DEUX MICHEL, INC. 12725 S.W. 122ND AVENUE MIAMI FL</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	<b>200054918632</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	<b>05/20/05--01050--008 **526.25</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

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) TARRA **4/20/05** (905) 251-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **DEUX MICHEL** Date Daytime Phone #