2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

		Due Dy	141447	7 1, 2005			1			
DOCUN 1. Entity Name KITTAY, L	2	# A20047					O.	SAPR 27 RETARY OF	ED	
Principal Place of Business 8315 W. 20TH AVENUE HIALEAH, FL 33014			83	iling Address 115 W. 20TH AVENUI ALEAH, FL 33014	13/	~ 4	HÁSSEE. F. III. AUGH ORGH OTOR (OTO)	STATE LORIE	KOK OKTA BIDKIDKI CI ITOL	
2. Principal Place of Business			3. Mailing Address			151				
Suite, Apt. #, etc.			S	uite, Apt. #, etc.			04222005	Chg-LP	CR2E003	
City & State			City & State				4. FEI Number 59-25429	907		Applied For Not Applicable
Zip		Country	Z	lip	Cour	itry	5. Certificate of			8.75 Additional se Required
6. Name and Address of Current Registered Agent						Name	7. Name and A	ddress of New F	Registered Ag	ent
KITTAY, HAROLD 7999 VIA GRANDE BOYNTON BEACH, FL 33437						Street Address (P.O. Box Number	is Not Acceptabl		Zip Code
						City			FL	
the obligati	ions of regist				s register	ed office or register	red agent, or both,	in the State of FI		miliar with, and accept
Sgneture, typed or prized name of registered agent and title if applicable. 10. Control Contributions.							 	T	DATE	
9. Capital Contributions as Shown on record. \$77,750.00										
	A (GENERAL PARTNEI : General Partners	RTHAT	IS A BUSINESS E	VTITY N	UST BE REGIS	TERED AND AC	TIVE WITH TH	HIS OFFICE.	
12.	NOIE	GENERAL PARTI			13.		it most be med	ADDRESS CH		
OOCUMENT #					STR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	ET ADDRESS 7636 MANDARIN DR.				car	Y-S1- <i>T</i> 3P				
DOCUMENT# NAME					STE	EET AODRESS				
STREET ADORESS CITY-ST-ZIP					сят	Y-ST-ZIP				
DOCUMENT #					STE	REET ADDRESS	60	0054	<u> 3325</u>	
STREET ADDRESS CATY-ST-ZIP					CiT	Y-ST-ZIP	U3/12/	7050106 		**525.25
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STREET ADORESS CITY-ST-ZIP					CIT	Y-ST-ZP	· Fair · · ·			
CITY-ST-ZIP DOCLIMENT # NAME STREET ADDRESS					STI	REET ADORESS		·		
					Cti	Y-S1-ZIP				
DOCUMENT /					នា	REET ADORESS				
STREET ADDRESS CITY-\$0-ZIP				ilian dan est sure		Y-ST-ZIP	Continu 110 07/9/3	- Elorida Stabila	I further early	fu that the information
14. I hereby indicated the recei	certify that ti d on this repo iver or trusted	he information supplied ort is true and accurate e emported to execut	with this f and that n e this repo	ning does not qualify in signature shall have out as required by Character as required by Charac	or the ex e the san apter 620	empiion stated in S ne legal effect as if , Florida Statutes	made under oath;	that I am a Gene	eral Parmer of t	ny mai me information he limited partnership o 05-558-4310
SIGNAT	TURE:	XIIAM	LAL_	EDNAME OF SIGNING GEN	7_		7	Date		yuma Phone #