

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED

2005 APR 27 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A21708	
1. Entity Name RAHN/ALEXANDRIA, LTD.	



Principal Place of Business 1808 SE 7 ST FT. LAUDERDALE, FL 33316	Mailing Address P.O. BOX 460430 FT LAUDERDALE, FL 33346-0430
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2. Principal Place of Business 12221 NW 7th Dr. Suite, Apt. #, etc.	3. Mailing Address 12221 NW 7th Dr. Suite, Apt. #, etc.
City & State CORAL SPRINGS, FL	City & State CORAL SPRINGS, FL
Zip 33071	Zip 33071



04192005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2657919	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

9. Capital Contributions as Shown on record. \$4,950.00	10. Amount of Capital Contributions in FLORIDA to date. 4,950
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**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 #	H91862	STREET ADDRESS	12221 NW 7th Drive
NAME	RAHN/ALEXANDRIA, INC.	CITY-ST-ZIP	CORAL SPRINGS, FL 33071
STREET ADDRESS	1808 SE 7 ST		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
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: Robert J. Strick Robert J. Strick 4-23-05 954-753-0285  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE