2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

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FILED Apr 30, 2005 08:00 AM Secretary of State

DOCUMENT # A22559 1. Entity Name ALL-STATE PROPERTIES L.P., A LIMITED PARTNERSHIP

					Contraction of the second			
Principal Place of Business 5500 NW 69TH AVENUE LAUDERHILL, FL 33319		Р	Mailing Address P.O. BOX 5524 FORT LAUDERDALE, FL 33310-5		5524			
2. Principal Place	of Business	3.	Mailing Address					
Suite, Apt. #, etc			Suite, Apt. #, etc.			1 10051011 50100 150100 150000 013051 011100 10 } }	JI 836JI 61811 9.	\$ \$ \$
•						04192005 Chg-LP	CR25	003 (10/03)
City & State			City & State			4. FEI Number 59-2399204		Applied For Not Applicable
Zip	Country		Zíp	Countr	у	5. Certificate of Status Desired		\$8.75 Additional Fee Required
6.	Name and Address of Cur	rent Regis	tered Agent		Name	7. Name and Address of New I	Registered	Agent
ROSENTHAL, 5500 NW 69TH LAUDERHILL,	I AV <u>EN</u> UE			-		P.O. Box Number is Not Acceptabl	e)	
				ł	City		F	Zip Code
the obligations of	of registered agent.			s registered	d office or register	ed agent, or both, in the State of F		familiar with, and accept
Signature. typed or printed name of registerod egent and little II applicable						········	DATE	
9. Capital Contributions_ as Shown on record. \$5,422,852.00 10. Amount of Capital in FLORIDA to dat				ital Contribu dato. Sa	utions ume as #9.	9. \$526.25		
	A GENERAL PARTN		IS A BUSINESS EN	NTITY MU	JST BE REGIS	TERED AND ACTIVE WITH T	IS OFFIC	E.
NOTE: General Partners MAY NOT be changed on th 12. GENERAL PARTNER INFORMATION				13.		ADDRESS CHANGES ONLY		
				STREE	T ADDRESS			
NAME ROSENTHAL, STANLEY R. STREET ADDRESS 5500 NW 69TH AVENUE CITY-ST-ZIP LAUDERHILL, FL 33319				CITY-S	ST-ZIP			
DOCUMENT #				STREET	T ADDRESS		,	
STREET ADDRESS CITY-ST-ZIP				CITY-S	ST-ZIP		034559	2
DOCUMENT # NAME				STREE	TADDRESS	04/00/05	-00044	-001 326,23
STREET ADDRESS CITY-ST-ZIP				CITY-S	ST-ZIP	······································		······································
DOCUMENT #				STREET	TADDRESS			
STREET ADDRESS				CITY-5	ST-ZIP			
DOCUMENT / NAME			-	STREE	TADDRESS			
STREET ADDRESS CITY-ST-ZIP				CITY-S	ST-ZIP			
DOCUMENT #		<u> </u>		STREET	TADDRESS			
STREET ADDRESS CITY-ST-ZIP	A			CITY - S	ST-ZIP	·········		
 I hereby certify indicated on the the receiver or 	that the information supplied is report is true and accurate trustee encounted to decl	with this if and that m ite this epo	Ing does not qualify for y signature shall have t as required by Char STAN	or the exem e the same pter 620, Fl LEY R.	notion stated in Se legal effect as if n lorida Statutes ROSENTH	action 119.07(3)(i), Florida Statutes nade under oath; that I am a Gener AL	I further co al Partner c	ertify that the information of the limited partnership o
SIGNATUF	RE:////	$\overset{\sim}{\sim}$	Gene	ral Pa	artner	4/19/05	9	54-572-2112
	SISHATURE AND TYP	ED OR PRINTE	D NAME OF SIGNING GENER	RAL PARTNER	1	Date		Davlime Phone #