

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 MAR -7 P 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A22903					
1. Entity Name CALIFORNIA CLUB MALL SHOPPING CENTER, LTD.					
Principal Place of Business 17100 COLLINS AVE SUITE 225 SUNNY ISLES BEACH, FL 33160			Mailing Address 17100 COLLINS AVE SUITE 225 SUNNY ISLES BEACH, FL 33160		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2701538	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KATZ, RAANAN 17100 COLLINS AE SUITE 225 SUNNY ISLES BEACH, FL 33160			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,330,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	M35096		STREET ADDRESS	100048122191 03/10/05--01010--009 **526.25	
NAME	CALIFORNIA CLUB SHOPPINGCENTER, INC.		CITY-ST-ZIP		
STREET ADDRESS	17100 COLLINS AVE #225		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES BCH, FL		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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:			Date: 2/23/03		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		

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