

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

SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

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<b>DOCUMENT # A23751</b> 1. Entity Name GOLDKRESS ASSOCIATES, LTD.					
Principal Place of Business 523 MICHIGAN AVENUE MIAMI BEACH, FL 33139			Mailing Address 523 MICHIGAN AVENUE MIAMI BEACH, FL 33139		
2. Principal Place of Business <i>230 5th Street</i> Suite, Apt. #, etc.		3. Mailing Address <i>230 5th Street</i> Suite, Apt. #, etc.			
City & State <i>Miami Beach, FL</i>		City & State <i>Miami Beach, FL</i>		4. FEI Number 13-3406227	
Zip <i>33139</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  ROBINS, SCOTT 523 MICHIGAN AVENUE MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name <i>Robins, Scott</i> Street Address (P.O. Box Number is Not Acceptable) <i>230 5th Street</i> City <i>Miami Beach</i> FL <i>33139</i>	
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 <i>2/21/05</i>					
9. Capital Contributions as Shown on record. \$400,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	M42572		STREET ADDRESS	<i>230 5th Street</i>	
NAME	GOLDKRESS, INC.		CITY-ST-ZIP	<i>Miami Beach, FL 33139</i>	
STREET ADDRESS	523 MICHIGAN AVENUE				
CITY-ST-ZIP	MIAMI BEACH, FL 33139				
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STREET ADDRESS					
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 full 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 <i>2/21/05</i> DAYTIME PHONE # <i>3056740600</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <i>SCOTT ROBINS</i>					

STAPLE CHECK HERE