


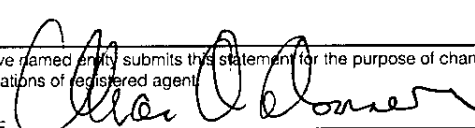
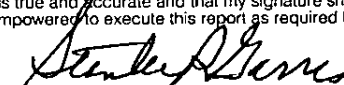
# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>DOCUMENT # A23831</b> 1. Entity Name <b>LAUDERDALE INVESTMENTS, A CALIFORNIA LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>2440 S.E. FEDERAL HWY, STE. 600 STUART, FL 34994</b>			Mailing Address <b>P.O. BOX 359 STUART, FL 34995</b>		
2. Principal Place of Business <b>850 SW Martin Downs Bl.</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Palm City, FL</b>		City & State			
Zip <b>34990</b>		Country		4. FEI Number <b>95-4078701</b>	
Zip <b>34990</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>O'DONNELL, CHAR ADMIN. 2440 SE FEDERAL HWY STE. 600 STUART, FL 34994</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>850 SW Martin Downs Blvd.</b> City <b>Palm City</b> <b>FL</b> Zip Code <b>34990</b>	
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  <b>Char O'Donnell</b> <b>4-14-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
9. Capital Contributions as Shown on record. <b>\$3,189,200.00</b>		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 #	NAME		STREET ADDRESS		
NAME	GARRIS, STANLEY R		CITY-ST-ZIP		
STREET ADDRESS	2440 S.E. FEDERAL HWY, STE. 600		CITY-ST-ZIP		
CITY-ST-ZIP	STUART, FL 34994		STREET ADDRESS		
DOCUMENT #	NAME		STREET ADDRESS		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			STREET ADDRESS		
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 <b>SIGNATURE:  Stanley R. Garriss</b> <b>3-29-05</b> <b>772-287-1844</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

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