

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

**Due By September 7, 2005**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 AUG -1 AM 9:01

<b>DOCUMENT # A25648</b>					
1. Entity Name <b>MILAM AIRPORT CENTER, LTD.</b>					
Principal Place of Business <b>5414 N.W. 72ND AVE. MIAMI, FL 33166</b>			Mailing Address <b>5414 N.W. 72ND AVE. MIAMI, FL 33166</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip			Country		
4. FEI Number <b>06292005</b>			Chg-LP <b>CR2E003 (10/03)</b>		
5. Certificate of Status Desired <input type="checkbox"/>			Applied For <input type="checkbox"/>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FELLMAN, MARILYN 5414 N.W. 72 AVE MIAMI, FL 33166			Name <b>SETH FELLMAN</b> Street Address (P.O. Box Number Not Applicable) <b>5414 NW 72 AVE</b> City <b>MIAMI</b> FL Zip Code <b>33166</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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$1,250,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.					
<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>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P98000065602		STREET ADDRESS		
NAME	MAC DEVELOPMENT CORP.		CITY-ST-ZIP		
STREET ADDRESS	5414 N.W. 72ND AVENUE				
CITY-ST-ZIP	MIAMI, FL 33166				
DOCUMENT #			STREET ADDRESS		
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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 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: _____			6/28/05 305-884-5366		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE