

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

**FILED  
Apr 09, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # A26335**

1. Entity Name  
SNAPPER CREEK SHOPPING CENTER, LTD.



Principal Place of Business: 1550 MADRUGA AVE. SUITE 230 CORAL GABLES, FL 33146

Mailing Address: 1550 MADRUGA AVE. SUITE 230 CORAL GABLES, FL 33146



2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

03142005 Chg-LP CR2E003 (10/03)

City & State

4. FEI Number: 59-2086449

Applied For:  Not Applicable

Zip: Country

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SNAPPER CREEK, INC.  
1550 MADRUGA AVE.  
SUITE 230  
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

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: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record: \$7,319,062.01

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 #	M77349	STREET ADDRESS	
NAME	SNAPPER CREEK, INC.	CITY - ST - ZIP	
STREET ADDRESS	1550 MADRUGA AVE. STE. 230		
CITY - ST - ZIP	CORAL GABLES, FL 33146		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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CITY - ST - ZIP			

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Peter A. Roberts Date: 03/29/05 Daytime Phone #: 305-667-6461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**PETER A. ROBERTS**