
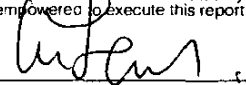


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 28 AM 8:52

DOCUMENT # A26983			
1. Entity Name GARDEN SOUTH 535, LTD.			
Principal Place of Business 3330 GLENCAIRN COURT SUITE 201 BONITA SPRINGS, FL 34134		Mailing Address 3330 GLENCAIRN COURT SUITE 201 BONITA SPRINGS, FL 34134	
2. Principal Place of Business 22800 SAGO POINTE DR. Suite, Apt. #, etc. 2506		3. Mailing Address 22800 SAGO POINTE DR. Suite, Apt. #, etc. 2506	
City & State BONITA SPRINGS		City & State BONITA SPRINGS	
Zip 34135	Country Florida	Zip 34135	Country Florida
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		4. FEI Number 59-2910730	
Applied For Not Applicable			
6. Name and Address of Current Registered Agent RIHS, DOMINIQUE C 5131 SUNBURY COURT NAPLES, FL 34104		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$1,117,019.00		10. Amount of Capital Contributions in FLORIDA to date. 2,090.00	
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 #	NAME	STREET ADDRESS	
NAME	HOFFMANN, VOLKER		
STREET ADDRESS	GEYERSTR.32		
CITY-ST-ZIP	80469 MUNICH.GERMANY.		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	RIMBACH, THOMAS		
STREET ADDRESS	HERMANN-GMEINER-WEG 16		
CITY-ST-ZIP	81929 MUNICH, GERMANY.		
DOCUMENT #	NAME	STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
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DOCUMENT #	NAME	STREET ADDRESS	
NAME			
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:  RIMBACH, THOMAS		03/25/05 (239) 9473217	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE