

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 17 AM 11:03

<b>DOCUMENT # A27413</b> 1. Entity Name <b>GARDENS OF MIAMI LIMITED PARTNERSHIP</b>					
Principal Place of Business 16241 NW 48 AVE. MIAMI, FL 33014			Mailing Address 19355 NE 36TH CT. TS-CD AVENTURA, FL 33180		
2. Principal Place of Business <b>19495 BISCAYNE BLVD.</b>			3. Mailing Address		
Suite, Apt. #, etc. <b>SUITE 700</b>			Suite, Apt. #, etc.		
City & State <b>AVENTURA, FLORIDA</b>			City & State		
Zip <b>33180</b>		Country <b>USA</b>		Zip	
Country		4. FEI Number <b>65-0093325</b>			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
<b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>BESSO, MICHEL</b> <b>19355 NE 36 CT</b> <b>APT TS-CD</b> <b>AVENTURA, FL 33180</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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>\$975,000.00</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 #	K18850		STREET ADDRESS		
NAME	EQUINVEST CORP.		CITY-ST-ZIP		
STREET ADDRESS	19355 NE 36TH CT., APT. TS-CD		<b>900049240319</b> <b>03/28/05--01009--003 **526.25</b>		
CITY-ST-ZIP	AVENTURA, FL 33180		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** **pro Equinvest Corp Gen Partner** **3-15-05** **(305) 931 3878**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE