

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

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A27885</b> 1. Entity Name <b>FLORIDA REALTY INVESTORS, LIMITED PARTNERSHIP</b>					
Principal Place of Business _____ Mailing Address _____ <b>8 KENSINGTON STREET 8 KENSINGTON STREET</b> <b>LIDO BEACH, NY 11561 LIDO BEACH, NY 11561</b>					
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____			
City & State _____		City & State _____			
Zip _____ Country _____		Zip _____ Country _____		01042005 Chg-LP CR2E003 (10/03) 4. FEI Number <b>13-3044753</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>NATIONAL CORPORATE RESEARCH, LTD., INC.</b> <b>103 N. MERIDIAN STREET</b> <b>TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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. <b>\$2,500,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>\$ 526.25</b>			
<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 #	K49100			STREET ADDRESS	
NAME	ZARA MANAGEMENT CORP.			CITY - ST - ZIP	
STREET ADDRESS	8 KENSINGTON ST.				
CITY - ST - ZIP	LIDO BEACH, NY				
DOCUMENT #				STREET ADDRESS	
NAME				CITY - ST - ZIP	
STREET ADDRESS					
CITY - ST - ZIP					
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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: <b>ARNOLD S. RABINOW</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				Date <b>1/05/05</b> Daytime Phone <b>516-889-6461</b>	

STAPLE CHECK HERE