


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 28 AM 9:34

DOCUMENT # A28016 1. Entity Name BROWARD GARDENS ASSOCIATES, LTD.	
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Principal Place of Business 818 W BROOKS AVE NORTH LAS VEGAS, NV 89030	Mailing Address 818 W BROOKS AVE NORTH LAS VEGAS, NV 89030
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

01062005	Chg-LP	CR2E003 (10/03)
4. FEI Number 59-6921283	Applied For Not Applicable	
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
PUTNAM, PAULA 621 NW 2ND STREET OCALA, FL 34475	

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. \$0.00	10. Amount of Capital Contributions in FLORIDA to date. 0.00
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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	BIRD, ALLAN S.	CITY-ST-ZIP	
STREET ADDRESS	818 W BROOKS AVE		
CITY-ST-ZIP	NORTH LAS VEGAS, NV 89030		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	F93000001192	CITY-ST-ZIP	
STREET ADDRESS	REAL PROPERTY SERVICES CORP.		
CITY-ST-ZIP	818 W BROOKS AVE		
	NORTH LAS VEGAS, NV 89030		
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STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

000049889450
04/05/05--01023--008 **150.00

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: _____ **MAR 22 2005** (702) 315-5196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE