
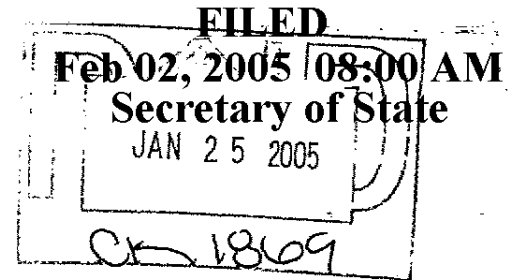


2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

DOCUMENT # A28272			
1. Entity Name FRYD DEVELOPERS LTD.			
Principal Place of Business 523 MICHIGAN AVE. MIAMI BEACH FL 33139		Mailing Address 523 MICHIGAN AVE. MIAMI BEACH FL 33139	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent FRYD, JONATHAN 523 MICHIGAN AVENUE MIAMI BEACH FL 33139			
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. \$1,261,000.00		10. Amount of Capital Contributions in FLORIDA to date.	



1ST MOORE CR2E003 (10/04)

4. FEI Number **65-0116101** Applied For Not Applicable

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

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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 #	K84083	STREET ADDRESS	
NAME	F.J.I. PROPERTIES, INC.	CITY-ST-ZIP	
STREET ADDRESS	% 523 MICHIGAN AVE.		
CITY-ST-ZIP	MIAMI BEACH FL		
DOCUMENT #		STREET ADDRESS	U00000208852
NAME		CITY-ST-ZIP	02/02/05-80012-003 526.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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: *J. Fryd*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

J. Fryd *1/29/05* *3056732948*
Date Daytime Phone #

STAPLE CHECK HERE