

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 MAR -1 AM 8:52

DOCUMENT # A28538 1. Entity Name ESPANOLA WAY ASSOCIATES, LTD.					
Principal Place of Business 523 MICHAGAN AVENUE MIAMI BEACH, FL 33139			Mailing Address 523 MICHAGAN AVENUE MIAMI BEACH, FL 33139		
2. Principal Place of Business <i>230 5th Street</i>		3. Mailing Address <i>230 5th Street</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Miami Beach, FL</i>		City & State <i>Miami Beach, FL</i>		4. FEI Number 65-0136747	
Zip <i>33139</i>		Country <i>USA</i>		Applied For <input type="checkbox"/> Not Applicable	
Zip <i>33139</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBINS, SCOTT 523 MICHAGAN AVENUE MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name <i>Robins, Scott</i> Street Address (P.O. Box Number is Not Acceptable) <i>230 5th Street</i> City <i>Miami Beach</i> FL <i>33139</i>	
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 <i>[Signature]</i> DATE <i>2/21/05</i>					
9. Capital Contributions as Shown on record. \$668,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
K91069 ESPANOLA WAY ASSOC., INC 523 MICHAGAN AVENUE MIAMI BEACH, FL 33139			<i>230 5th Street</i> <i>Miami Beach FL 33139</i>		
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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: <i>[Signature]</i>			SCOTT ROBINS CORP 230 FIFTH STREET MIAMI BEACH, FL 33139		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date <i>2/21/05</i> Daytime Phone # <i>305-674-0600</i>		

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