

**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>	
Zip <i>33139</i>	Country <i>USA</i>	Zip <i>33139</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent  ROBINS, SCOTT 523 MICHAGAN AVENUE MIAMI BEACH, FL 33139		4. FEI Number 65-0136747	
7. Name and Address of New Registered Agent Name <i>Robins, Scott</i>		Applied For <input type="checkbox"/> Not Applicable	
Street Address (P.O. Box Number is Not Acceptable) <i>230 5th Street</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City <i>Miami Beach</i>		State <i>FL</i>	
Zip Code <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 		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.	
<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 # NAME STREET ADDRESS CITY-ST-ZIP	K91069 ESPANOLA WAY ASSOC., INC 523 MICHAGAN AVENUE MIAMI BEACH, FL 33139	STREET ADDRESS CITY-ST-ZIP	<i>230 5th Street</i> <i>Miami Beach FL 33139</i>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<i>300048065163</i> <i>03/09/05--01055--007 **526.25</i>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS 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: 		DATE <i>2/21/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <b>SCOTT ROBINS, GENERAL PARTNER</b> 230 FIFTH STREET MIAMI BEACH, FL 33139		Daytime Phone # <i>305-674-0600</i>	

STAPLE CHECK HERE