
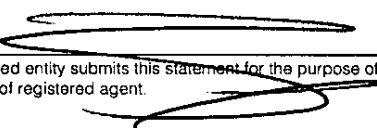
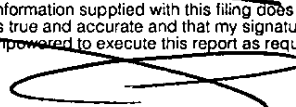


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -1 AM 8:53

DOCUMENT # A28605					
1. Entity Name MCCRORY ASSOCIATES, 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 230 5th Street			3. Mailing Address 230 5th Street		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Miami Beach, FL			City & State Miami Beach, FL		
Zip 33139			Country USA		
4. FEI Number 65-0182863			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ROBINS, SCOTT 523 MICHIGAN AVE. MIAMI BCH., FL 33139			7. Name and Address of New Registered Agent Name: Robins Scott Street Address (P.O. Box Number is Not Acceptable): 230 5th Street City: Miami Beach FL Zip Code: 33139		
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: 2/21/05					
9. Capital Contributions as Shown on record. \$425,000.00			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 #	L00067		STREET ADDRESS	230 5th Street	
NAME	MCCRORY ASSOCIATES, INC.		CITY-ST-ZIP	Miami Beach, FL 33139	
STREET ADDRESS	523 MICHIGAN AVE				
CITY-ST-ZIP	MIAMI BEACH, FL 33139				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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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 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 600, Florida Statutes.					
SIGNATURE: 			230 FIFTH STREET MIAMI BEACH, FL 33139		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date: 2/21/05 Daytime Phone #: 305-674-0600		

STAPLE CHECK HERE