

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

DOCUMENT # A28866

1. Entity Name  
ARECA ASSOCIATES, LTD.



FILED  
2005 APR 15 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3000 ISLAND BLVD., APT. #2903  
AVENTURA, FL 33160

Mailing Address  
3000 ISLAND BLVD., APT. #2903  
AVENTURA, FL 33160

2. Principal Place of Business  
19531 N.E. 17th Ave.

3. Mailing Address  
19531 N.E. 17th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022005 Chg-LP CR2E003 (10/03)

City & State Miami, FL

City & State Miami, FL

4. FEI Number  
65-0142304

Applied For  
Not Applicable

Zip 33179

Country  
DADE

Zip 33179

Country  
DADE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRAMER, ROBERT M ESQ.  
KRAMER & ZUCKERMAN, P.A.  
4000 HOLLYWOOD BLVD STE 485 SOUTH  
HOLLYWOOD, FL 33021

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$2,550,000.00

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

DOCUMENT #  
NAME SACKS, SIDNEY  
STREET ADDRESS 3000 ISLAND BLVD., APT. #2903  
CITY-ST-ZIP AVENTURA, FL 33160

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

05/06/05--01080--001 \*\*526.25

200054019532  
05/06/05--01080--001 \*\*526.25

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: *Sidney Sachs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/13/05 305-682-9214  
Date Daytime Phone #

STAPLE CHECK HERE