## 2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

SIGNAQUE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: =

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

5/3/05 Date

DOCUMENT # ACCION				DIVISION OF CORPORATIONS		
DOCUMENT # A29109~  1. Entity Name ORLANDO-528 INVESTORS, LIMITED PARTNERSHIP				.	9 AM 10: 36	
Principal Place of B	usiness	Mailing Address		_		
1401 BROAD STREET CLIFTON, NJ 07013		1401 BROAD STREET Clifton, NJ 07013			TA BIBN BISN BISN BIBN BIBN BIBN BIBN BIBN	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05042005 Chg-LP	CR2E003 (10/03)	
City & State		City & State		4. FEI Number 22-3030706	Applied For Not Applicable	
Zíp .	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
-6.	Name and Address of Current R	egistered Agent		7. Name and Address of New	Registered Agent	
			Name			
CAHAN, RICHARD J ALAN SOUTHEAST FINANCIAL CENTER STE. 3650 MIAMI, FL 33131-2394			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
MIAMI, FL 33131-2394			City		FL Zip Code	
	d entity submits this statement for fregistered agent.	the purpose of changing its	registered office or regis	tered agent, or both, in the State of F	lorida. I am familiar with, and accept	
SIGNATURE ——						
Signati	re, typed or printed name of registered agent an	d title if applicable.		,	DATE	
9. Capital Contribu as Shown on red		10. Amount of Capita in FLORIDA to d		<b>4</b>	.526.25	
1				STERED AND ACTIVE WITH T		
12.	GENERAL PARTNER	INFORMATION	13.	ADDRESS CH	HANGES ONLY	
1	000001887 C-ORLANDO/GP, INC.		STREET ADDRESS			
1 1	1 BROAD STREET TON, NJ 07013		CITY-ST-ZIP			
DOCUMENT # NAME			STREET ADDRESS			
STREET ADDRESS  — CITY+ST-ZIP			CITY-ST-ZIP			
NAME			STREET ADDRESS			
STREET ADDRESS City-ST-ZIP			CITY-ST-ZIP	600056 06/21/050106	405156 3009 **526.25	
DOCUMENT ≠ NAME			STREET ADDRESS		<del>, , , , , , , , , , , , , , , , , , , </del>	
STREET ADDRESS CITY-ST-ZIP		-	CITY-ST-ZIP			
DOCUMENT #			STREET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
DOCUMENT # -			STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CTTY-ST-ZIP			
Indicated on th	that the information supplied with t s report is true and accurate and the trustee empowered to execute this	nat my signature shall have	the same legal effect as i	Section 119.07(3)(i), Florida Statutes f made under oath; that I am a Gene	s. I further certify that the information ral Partner of the limited partnership o	