

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A29618			
1. Entity Name IRELAND LAWRENCE, LTD.			
Principal Place of Business 12000 BISCAYNE BLVD. SUITE 810 MIAMI, FL 33181-2742		Mailing Address 12000 BISCAYNE BLVD. SUITE 810 MIAMI, FL 33181-2742	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		4. FEI Number 65-0170281	
		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		04202005 Chg-LP CR2E003 (10/03) \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
IRELAND LAWRENCE, INC. 12000 BISCAYNE BLVD. SUITE 810 MIAMI, FL 33181-2742		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State: 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 _____		DATE _____	
Signature, typed or printed name of registered agent and title, if applicable			
9. Capital Contributions as Shown on record. \$25,200,004.00		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 #	L39476	STREET ADDRESS	
NAME	IRELAND LAWRENCE, INC.	CITY-ST-ZIP	
STREET ADDRESS	12000 BISCAYNE BLVD.		
CITY-ST-ZIP	MIAMI, FL 331812742		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: <i>Lou Ireland, VP</i>		Date: <i>4-20-05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone # <i>305-891-6806</i>	
<i>Ireland Lawrence, Inc.</i>			



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