
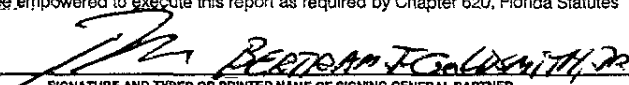


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A30183</b> 1. Entity Name <b>GOLDSMITH PARTNERS, LTD.</b>					
Principal Place of Business <b>66 WEST FLAGLER ST.          CONCORD BUILDING, PENTHOUSE          MIAMI, FL 33130</b>			Mailing Address <b>66 WEST FLAGLER ST.          CONCORD BUILDING, PENTHOUSE          MIAMI, FL 33130</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GOLDSMITH, BERTRAM J JR          CONCORD BLDG., PENTHOUSE          66 W. FLAGLER STREET          MIAMI, FL 33130</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> <div style="float: right;"><small>DATE</small></div>					
9. Capital Contributions as Shown on record. <b>\$3,133,300.00</b>			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		
NAME	STREET ADDRESS		CITY-ST-ZIP		
CITY-ST-ZIP	CITY-ST-ZIP				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	STREET ADDRESS		CITY-ST-ZIP		
CITY-ST-ZIP	CITY-ST-ZIP				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	STREET ADDRESS		CITY-ST-ZIP		
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DOCUMENT #	NAME		STREET ADDRESS		
NAME	STREET ADDRESS		CITY-ST-ZIP		
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DOCUMENT #	NAME		STREET ADDRESS		
NAME	STREET ADDRESS		CITY-ST-ZIP		
CITY-ST-ZIP	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)(f), 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					
<b>SIGNATURE:</b> 			<b>3/15/05</b> <b>305-378-1054</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date      Daytime Phone #</small>		



01062005 Chg-LP CR2E003 (10/03)

4. FEI Number **65-0218374**  
☐ Applied For  
☒ Not Applicable

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

**FL**

000000273869  
 03/23/05-90044-024 \$26.25

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