2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## FILED Apr 18, 2005 08:00 AM Secretary of State

Due by May 1, 2005					Apr 10, 2003 00:00 A			
DOCUME 1. Entity Name TATE PARTNI		Secretary of State						
Principal Place of Bu	ısiness	Mailing Address			<u> </u>			_
1175 NE 125TH STREET, SUITE 102 NORTH MIAMI, FL 33161		1175 NE 125TH STREET, SUITE 102 NORTH MIAMI, FL 33161						
2. Principal Place of	Business	3. Mailing Address						
					itili galig dinta likit lan	, MISTERIAN ENSTERNA	off Blait arailalt ar 124t	
Suite, Apt #, etc.		Suite, Apt #, etc.		04012005	Chg-LP	CR2E003	(10/03)	
City & State	City & State		· City & State		4. FEI Number 65-0090			Applied For Not Applicable
Zip Country		Zip	Cour	ntry	5. Certificate o	f Status Desired		3.75 Additional Required
6.	Name and Address of Curr	rent Registered Agent			7. Name and	Address of New F	legistered Age	ent
TATE, STANLEY G. 1175 NE 125TH STREET, SUITE 102 NORTH MIAMI. FL 33161				Name				
				Street Address (P O. Box Number is Not Acceptable)				
1,010,77,1111,1111,	. 2 33.3.			City			<del></del> _	Zip Code
	nt for the purpose of changing		'			FL		
9. Capital Contribut as Shown on rect	A GENERAL PARTNE IOTE: General Partners	10. Amount of 0 in FLORIDA ER THAT IS A BUSINESS MAY NOT be changed	S ENTITY Non the form	MUST BE REGIS n; an amendmer	TERED AND A	i to change a g	eneral partn	er.
12. DOCUMENT # M52		INER INFORMATION	13.	<del>.</del>		ADDRESS CH	ANGES ONLY	
NAME KEN				EET ADDRESS	<del> </del>			
CITY-ST-ZIP NOF	RTH MIAMI, FL 33161		CIT	Y+ST-ZIP		<del> </del>		<u> </u>
DOCUMENT #			STF	REET ADDRESS	<del></del>	Hanaa	121-2200	
STREET ADDRESS  CITY-ST-ZIP			cm	Y-ST-ZIP		04/18/05	-801 <b>44-</b> 0	25 141.25
DOCUMENT # NAME			STF	HEET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZIP				
DOCUMENT # NAME			STF	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			СІТ	Y-ST-ZIP				
CITY-ST-ZIP  OOGUMENT /  NAME  STREET ADDRESS			STF	REET AODRESS				
			CIT	Y-ST-ZIP				
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STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP				
14. I hereby certify Indicated on thi the receiver or t	that the information supplied s report is true and accurate trustee empowered to execu	d with this filing does not qua e and that my signature shall te this report as required by	lify for the ex have the san Chapter 620	emption stated In S ne legal effect as if Florida Statutes	ection 119.07(3)(i made under oath,	), Florida Statutes, that I am a Gener	I further certify al Partner of the	that the information e limited partnership o