2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED Jan 28, 2005 08:00 AM Secretary of State

1. Entity Nan	MENT # A30402 ARDENS PÄRK, LTD.			Secretary of Stat		
Principal Place of Business 121 ALHAMBRA PLAZA PENTHOUSE 1, SUITE 1600 CORAL GABLES, FL 33134 2. Principal Place of Business		Mailing Address 121 ALHAMBRA PL PENTHOUSE 1, SUI CORAL GABLES, FL	ITE 1600			
2. Principal F	rlace of Business .	3. Mailing Address				
Suite Apt #, etc.		Suite. Apt #, etc		01052005 Chg-LP CR2E003 (10/03)		
City & State		Crty & State		4. FEI Number Applied For 65-0211659 Not Applicable		
Zip	Country	Z(p	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Cu	rrent Registered Agent	Name	7. Name and Address of New Registered Agent		
	RENTZ, R. LARRY			Street Address (P.O. Box Number is Not Acceptable)		
	MBRA PLAZA, PH I, SUIT ABLES, FL 33134	E 1600	Street	Address (P.U. Box Number is Not Acceptable)		
			City	FL Zio Code		
the obligat	ions of registered agent.		g ::0 (0g:3(0)00 0::100	or registered agent, or both, in the State of Florida. I am familiar with, and accep		
	Signature, typed or printed name of registered			DATE		
9. Capital Co as Shown		in FLORIDA	apital Contributions to date.	}		
	A GENERAL PARTN	ER THAT IS A BUSINESS	ENTITY MUST BE	REGISTERED AND ACTIVE WITH THIS OFFICE. sendment must be filed to change a general partner.		
12.		RTNER INFORMATION	13.	ADDRESS CHANGES ONLY		
DOCUMENT # NAME	DOCUMENT # P16775		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 121 ALHAMBRA PLAZA, PH I, SUITE 1600		GITY · ST - ZIP	U00000202212 91728705~80106-012-141.25		
DOCUMENT #			STREET ADDRESS	011/20/00/00/00/012 141.20		
STREET ADDRESS CITY-ST-ZIP			CHY-ST-ZIP			
DOCUMENT * NAME STREET ADDRESS			street address			
CHY-SI-ZIP			CITY - ST - ZIP			
DOCUMENT # NAME STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CiTY-ST-ZIP			
DOCUMENT #			STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
NAME.			STREFT ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
undicated	on this report is true and accurate er or trustee_empowered to execu	e and that my signature shall ha ute this report as required by C	ave the same legal eff hapter 620, Florida St	.101-		
	URE: //k	ED OR PRINTED NAME OF SIGNING GE	ميد حصوا السا	TREASURER 113/05 305-443-1000		