
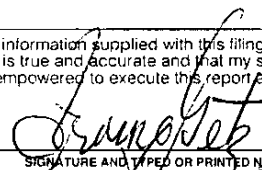


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP -8 AM 9:35

DOCUMENT # A30982					
1. Entity Name GETZ INVESTMENT PARTNERSHIP, LTD.					
Principal Place of Business 9400 S. DADELAND BLVD., SUITE 111 MIAMI, FL 33156			Mailing Address 9400 S. DADELAND BLVD., SUITE 111 MIAMI, FL 33156		
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 GETZ, IRVING 9400 S. DADELAND BLVD., SUITE 111 MIAMI, FL 33156				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$990,000.00			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 #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
	GETZ, IRVING	9400 S. DADELAND BLVD., SUITE 111	MIAMI, FL 33156	600060090096	09/29/05--01072--003 **526.25
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
	GETZ, JOAN	9400 S. DADELAND BLVD., SUITE 111	MIAMI, FL 33156	600060090096	09/29/05--01072--004 **400.00
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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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: 				8/4/05 (305) 668-8308	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone #	

STAPLE CHECK HERE