

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

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A31042</b>					
<b>1. Entity Name</b> FLORIDA SHOPPING CENTER MANAGEMENT, LTD.					
<b>Principal Place of Business</b> 3850 HOLLYWOOD BLVD SUITE 400 HOLLYWOOD, FL 33021			<b>Mailing Address</b> 3850 HOLLYWOOD BLVD SUITE 400 HOLLYWOOD, FL 33021		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04122005    Chg-LP    CR2E003 (10/03)	
<b>4. FEI Number</b> 65-0233568				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CORNFELD, ROBERT M. 3050 HOLLYWOOD BLVD. SUITE 400 HOLLYWOOD, FL 33021			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>9. Capital Contributions as Shown on record.</b> \$25,000,000.00			<b>10. Amount of Capital Contributions in FLORIDA to date.</b>		
<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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	S21712		STREET ADDRESS		
NAME	CAMBRIDGE ASSET MGMT, INC		CITY - ST - ZIP		
STREET ADDRESS	3850 HOLLYWOOD BL, #400		STREET ADDRESS		
CITY - ST - ZIP	HOLLYWOOD, FL		CITY - ST - ZIP		
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CITY - ST - ZIP			CITY - ST - ZIP		
<b>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>					
<b>SIGNATURE:</b> _____			Date: 4/2/05    (954) 989-2200		
TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: Jeffrey D. Cornfeld					



04122005    Chg-LP    CR2E003 (10/03)

**4. FEI Number**  
 65-0233568

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

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 FL    Zip Code

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STAPLE CHECK HERE