
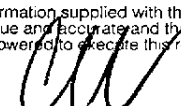


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # A31349 1. Entity Name FOUNTAIN SQUARE PROPERTY HOLDINGS, LTD.					
Principal Place of Business 450 E. LAS OLAS BLVD., 15TH FLOOR FT. LAUDERDALE, FL 33301			Mailing Address 450 E. LAS OLAS BLVD., 15TH FLOOR FT. LAUDERDALE, FL 33301		
2. Principal Place of Business Suite, Apt #, etc			3. Mailing Address Suite, Apt #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0295331	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVENUE, 28TH FLOOR MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$100,000.00			10. Amount of Capital Contributions in FLORIDA to date. 100,000.00		
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 #	S33243		STREET ADDRESS		
NAME	FOUNTAIN SQUARE PROPERTY MANAGEMENT, INC.		CITY - ST - ZIP		
STREET ADDRESS	450 EAST LAS OLAS BLVD., #1500				
CITY - ST - ZIP	FT. LAUDERDALE, FL 33301				
DOCUMENT #			STREET ADDRESS		
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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)(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: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		
Date			Daytime Phone #		



01062005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0295331

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

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 _____
Signature typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$100,000.00**
 10. Amount of Capital Contributions in FLORIDA to date. **100,000.00**

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.

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SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date Daytime Phone #

STAPLE CHECK HERE