2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE AND TYPER OR PRINTED HAVE OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

SIGNATURE:

Due by May 1, 2005					, FILED			
DOCUMENT # A31858 1. Entity Name DANELI HOLDINGS, LTD.					2005 MAY -3 AM 8: 20 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address					IALLANASSEL, L'ESTA			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
801 BRICKELL AVENUE 16TH FLOOR Miami, Fl 33131		801 BRICKELL AVENUE 16TH FLOOR MIAMI, FL 33131		 	(1) 1 0 (10 (10 10 10 10 10 10 10 10 10 10 10 10 10 1	1971) 1181 1182) 1	PAN ALAH BIJIRN ALIBEI	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112005	Chg-LP	CR2E003	3 (10/03)	
City & State		City & State		4. FEI Number 65-0986			Applied For Not Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate o	f Status Desired		3.75 Additional e Required
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Age	ent
CT CORPO	ORATION SYSTEM			Name				
1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)				
le E				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								
Signature, typed or printed name of registered agent and title If applicable. 9. Capital Contributions 10. Amount of Capital Contributions								
as Shown	on record. \$10,000.00				.15			
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.								er.
12.	GENERAL PARTNE			ADDRESS CHA				
NAME	DANELI HOLDINGS, INC.			EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33131			-ST-ZIP		 		
NAME	DANELI CORPORATION, INC.			EET ADDRESS				
STREET ADORESS CITY-ST-ZIP				-ST-ZIP				
NAME			STRE	ET ADDRESS			~	
STREET ADDRESS CITY-ST-ZIP	TY-S1-ZIP			-ST-ZIP	300053549203 05/02/0501005012 **1416.25			
NAME			STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		•	CITY	-ST-ZIP				$\sqrt{2}$
DOCUMENT # NAME			STRE	ET ADDRESS				8.
STREET ADDRESS CITY-ST-ZIP C			CITY	-ST-ZIP	1/2 ·			
DOCUMENT / NAME			STRE	ET ADORESS			* '	
STREET ADDRESS CITY-ST-ZIP				-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								

305-381-8340

Daytme Phone #

4/7/05