


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 MAY -2 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A32397</b>			
1. Entity Name <b>EL MERCADO ASSOCIATES, LTD.</b>			
Principal Place of Business <b>1200 BRICKELL AVE., SUITE 1500 MIAMI, FL 33131</b>		Mailing Address <b>1200 BRICKELL AVE., SUITE 1500 MIAMI, FL 33131</b>	
2. Principal Place of Business <b>801 Arthur Godfrey Road</b>		3. Mailing Address <b>801 Arthur Godfrey Road</b>	
Suite, Apt. #, etc. <b>Suite 600</b>		Suite, Apt. #, etc. <b>Suite 600</b>	
City & State <b>Miami Beach, Florida</b>		City & State <b>Miami Beach, Florida</b>	
Zip <b>33140</b>	Country <b>USA</b>	Zip <b>33140</b>	Country <b>USA</b>
4. FEI Number <b>65-0303358</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PEARCE, PAM 801 ARTHUR GODFREY ROAD, SUITE 600 MIAMI BEACH, FL 33140</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. <b>\$1,500,000.00</b>		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	<b>V02300 EL MERCADO, INC. 1200 BRICKELL AVE., SUITE 1500 MIAMI, FL 33131</b>	STREET ADDRESS CITY-ST-ZIP	<b>801 Arthur Godfrey Road, Ste. 600 Miami Beach, Florida 33140</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>000055331870 05/25/05--01052--012 **526.25</b>
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF GENERAL PARTNER</small>			

STAPLE CHECK HERE

*[Handwritten Signature]*  
Tres. El Mercado, Inc.