


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 10 AM 10: 00

DOCUMENT # A32648					
1. Entity Name MANHATTAN PALMS, LTD.					
Principal Place of Business C/O PROFESSIONAL MANAGEMENT, INC. 9095 S.W. 87TH AVENUE, SUITE 777 MIAMI, FL 33176			Mailing Address C/O PROFESSIONAL MANAGEMENT, INC. 9095 S.W. 87TH AVENUE, SUITE 777 MIAMI, FL 33176		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3160195	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MITCHELL, JAMES R. 9095 S.W. 87TH AVENUE, SUITE 777 MIAMI, FL 33176			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. \$3,000.00		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 #	511577	STREET ADDRESS			
NAME	PROFESSIONAL MANAGEMENT, INC.	CITY-ST-ZIP			
STREET ADDRESS	9095 S.W. 87TH AVE., #777				
CITY-ST-ZIP	MIAMI, FL				
DOCUMENT #		STREET ADDRESS	600048581346		
NAME		CITY-ST-ZIP	03/17/05--01008--006 **141.25		
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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

James R. Mitchell

2/25/05

305-270-0870

STAPLE CHECK HERE