


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

|   |   |
|---|---|
| <b>DOCUMENT # A32924</b><br>1. Entity Name<br><b>MINORCA HOLDINGS, LTD.</b> |  |
|---|---|

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR -8 AM 8:41

|  |  |
|--|--|
| Principal Place of Business<br><b>1608 S.E. SHELburnIE WAY<br/>PORT ST. LUCIE FL 34952</b> | Mailing Address<br><b>1608 S.E. SHELburnIE WAY<br/>PORT ST. LUCIE FL 34952</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
| City & State  | City & State                                  |
| Zip Country   | Zip Country                                   |

*[Handwritten signature]*



1ST MOORE CR2E003 (10/04)

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0328112</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b>              |

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><br><b>KRAMER, ROBERT M.<br/>KRAMER &amp; ZUCKERMAN, P.A.<br/>4000 HOLLYWOOD BLVD., SUITE 485 SO.<br/>HOLLYWOOD FL 33021</b> | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. | 11. <b>FILE NOW!!! Due by May 1, 2005</b><br>See Block 11 instructions for fee info |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>  | DATE _____  |
| 9. Capital Contributions as Shown on record. <b>\$9,900.00</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 #                      |                                | STREET ADDRESS           |  |
| NAME                            | <b>WARSAGER, JACK</b>          | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | <b>1608 SE SHELburnIE WAY</b>  |                          |  |
| CITY-ST-ZIP                     | <b>PORT ST. LUCIE FL 34952</b> |                          |  |
| DOCUMENT #                      |                                | STREET ADDRESS           |  |
| NAME                            |                                | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                                |                          |  |
| CITY-ST-ZIP                     |                                |                          |  |
| DOCUMENT #                      |                                | STREET ADDRESS           |  |
| NAME                            |                                | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                                |                          |  |
| CITY-ST-ZIP                     |                                |                          |  |
| DOCUMENT #                      |                                | STREET ADDRESS           |  |
| NAME                            |                                | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                                |                          |  |
| CITY-ST-ZIP                     |                                |                          |  |

**700048447037**  
**03/15/05--01066--025 \*\*158.05**

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:** *[Handwritten signature]* **Jack Warsager** **2/28/05** **954-325-2686**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE