
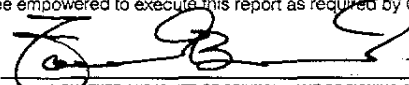


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # A33241 1. Entity Name TRILOGY HOLDINGS, LTD.					
Principal Place of Business 2665 SOUTH BAYSHORE DR STE. 601 COCONUT GROVE, FL 33133			Mailing Address 2665 SOUTH BAYSHORE DR STE. 601 COCONUT GROVE, FL 33133		
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 65-0346058	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAZOOK, RICHARD J HUNTON & WILLIAMS 1111 BRICKELL AVE, STE. 2500 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. \$108,090,946.00			10. Amount of Capital Contributions in FLORIDA to date. 108,090,946		
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 #	V11778		STREET ADDRESS		
NAME	CARDINAL HOLDINGS, INC.		CITY-ST-ZIP		
STREET ADDRESS	2665 S. BAYSHORE DR., STE. 601				
CITY-ST-ZIP	COCONUT GROVE, FL 33131				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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STREET ADDRESS					
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: 			Date: 1/14/2005 Daytime Phone #: 305-285-5588		

STAPLE CHECK HERE