2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

CHECK

SIGNATURE:

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A33523 05 MAR 30 AM 9: 39 EMERALD INVESTMENT ASSOCIATES, LTD. Principal Place of Business Mailing Address 3109 STIRLING ROAD, SUITE 100 3109 STIRLING ROAD, SUITE 100 FT. LAUDERDALE, FL 33312 FT. LAUDERDALE, FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162005 CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 65-0382839 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SINGER, BERNARD A., ESQ. Street Address (P.O. Box Number is Not Acceptable) 3107 STIRLING ROAD, SUITE 105 FORT LAUDERDALE, FL 33312 City 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, typed or printed name of registered agent and title if applicable, 9. Capital Contributions 10. Amount of Capital Contributions in FLORIDA to date. 4 1,800,000.00 \$1,800,000.00 as Shown on record. 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 # V69760 STREET ADDRESS EMERALD INVESTMENT MANAGEMENT, INC. NAME STREET ADDRESS 3109 STIRLING ROAD, #100 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE, FL. DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 900050037789 04/06/05--01062--002 **526.25 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CSTY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST-ZIP

14. 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Richard B Edison 3/24/05 954-981-3223