2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

URE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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

Daytime Phone #

DOCUMENT # A33543 1. Entry Name PUTNAM REALTY, LTD.			Secretary of State
Principal Place of Business 418 N.E. 5TH STREET _ FORT LAUDERDALE, FL 33301	Mailing Address P.O. BOX 030399 FT. LAUDERDALE, FL	33301	
2. Principal Place of Business 441 N. E. 4th Avenue	3. Mailing Address		
Suite, Apt. #. etc.	Suite, Apt # etc		01132005 Chg-LP CR2E003 (10/03)
City & State Fort Lauderdale Florida	City & State		4. FEI Number Applied For 65-0362275 Not Applicable
Zip Country 33301 Broward	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered Agent
FELDMAN, PETER M 418 N.E. 5TH STREET FORT LAUDERDALE, FL 33301	· · · · · · · · · · · · · · · · · · ·	Street Ado	dress (P.O. Box Number is Not Acceptable) E. 4th Avenue
8. The above named entity submits this statement	for the purpose of changing if		FL Zip Gode egistered agent, or both, in the State of Florida I am familiar with, and accept
the obligations of registered agent			
SIGNATURE Signature, typed or priviled name of registered agr	ent and lide if applicable	· · · · · · · · · · · · · · · · · · ·	DATE
9. Capital Contributions as Shown on record. \$900,000.00	10. Amount of Cap in FLORIDA to		
A GENERAL PARTNER NOTE: General Partners (THAT IS A BUSINESS E	NTITY MUST BE RE the form; an amen	EGISTERED AND ACTIVE WITH THIS OFFICE, dment must be filed to change a general partner.
12. GÉNERAL PARTN DOCUMENT # P99000037286	ER INFORMATION	13.	ADDRESS CHANGES ONLY
NAME PUTNAM, INC. STREET ADDRESS 418 N.E. 5TH STREET CITY-SI-ZIP FORT LAUDERDALE, FL 3331		STREET ADDRESS CITY-ST-ZIP	441 N. E. 4th Avenue
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY - ST - ZIP	U00000196676
DOCUMENT # NAME	· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS	01/26/05-80077-025-526.25
STREET ADDRESS CITY-SI-ZIP		CiTY+S1-ZIP	
DOCUMENT # NARIE		STREET ADORESS	
STREET ADDRESS CITY-ST-ZIP T DOCUMENT #		CITY-ST-ZIF	
		STREET ADDRESS	
NAME STREET ADDRESS CITY-S1-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CATY-ST-ZIP	
14. I hereby certify that the information supplied indicated on this room is true and acceptate in the receiver or trustee approved to accept SIGNATURE.			d in Section 119.07(3)(i), Florida Statutes. I further certify that the information as if made under oath, that I am a General Partner of the limited partnership of the President eral Partner