




2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A92000000180 1. Entity Name 3040 N 29TH AVENUE, LTD.						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">2005 MAR -7 P 1:53</div> <div style="font-size: 0.8em; margin-bottom: 10px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> 			
Principal Place of Business 3040 NORTH 29TH AVENUE HOLLYWOOD, FL 33020				Mailing Address 3040 NORTH 29TH AVENUE HOLLYWOOD, FL 33020					
2. Principal Place of Business		3. Mailing Address		01132005 Chg-LP CR2E003 (10/03)		4. FEI Number 65-0375227		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent SCHNEIDER, ROBERT 3040 N 29TH AVENUE HOLLYWOOD, FL 33020						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>			
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. \$10.00				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 # NAME STREET ADDRESS CITY - ST - ZIP					STREET ADDRESS CITY - ST - ZIP				
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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: 					Robert Schneider				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					Date: 3-3-05 Daytime Phone #: 954 920 4444				

STAPLE CHECK HERE