2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

STAPLE CHECK HERE

DOCUMENT # A9300000770 1. Entity Name ART INVESTORS, LTD.						SECRE DIVISION I	TARY OF STA OF CORPORA 23 PH 3	TIONS	
Principal Place of Business 2295 CORPORATE BOULEVARD, N.W., SUITE 222 BOCA RATON, FL 33431 Mailing Address 2295 CORPORATE BLVD. SUITE 222 BOCA RATON, FL 33431							88 Hik 88 00 88 0 A 8 00	. 8811 JOHN FORN ROOM HADII OCHOM OLIDOL	
2. Principal P	lace of Busir	ness	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01052005	Chg-LP	CR2E003 (10/03)	
City & State			City & State			4. FEI Number 65-04255	577	Applied For Not Applicable	
Zip	p Country		Zip Count		try	5. Certificate of	Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					Name	7. Name and Ad	ddress of New R	egistered Agent	
HERRICK, NORTON 2295 CORPORATE BLVD., N.W., SUITE 222 P.O. BOX 5010					Street Address (P.O. Box Number i	s Not Acceptable)	
BOCA RATON, FL 33431									
					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.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.									
9. Capital Contributions as Shown on record. \$100.00 are full 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						ADDRESS CHANGES ONLY			
DOCUMENT # NAME	P9300008			STRE	EET ADDRESS				
STREET ADDRESS 2295 CORPORATE BLVD., N.W. CITY-ST-ZIP BOCA RATON, FL 33431			STE. 222		-ST-ZIP				
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STREET ADDRESS CITY-ST-ZIP				слу	Y-ST-ZIP				
14. I hereby indicated	certify that the	ne information supplied with	this filing does not qualify fo	r the exe	emption stated in Se e legal effect as if n	ection 119.07(3)(i), nade under oath; th	Florida Statutes. hat I am a Genera	I further certify that the information all Partner of the limited partnership or	
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 impowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: 3 2 2 0 5									