___ 2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

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FILEU SECRETARY OF STATE **DOCUMENT # A94000000742** DIVISION OF CORPORATIONS 1. Entity Name DESIGNWORKS CREATIVE PARTNERSHIP, LTD. 05 MAR 30 AM 9: 35 Principal Place of Business Mailing Address 250 ROYAL COURT 250 ROYAL COURT DELRAY BEACH, FL 33444 DELRAY BEACH, FL 33444 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072005 Chg-LP CR2E003 (10/03) City & State City & State Applied For 4. FEI Number 65-0464732 Not Applicable ~ Zip ------ Country Zip - - - -_Country -_ \$8:75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DESIGNWORKS CREATIVE PARTNESHIP, INC. Street Address (P.O. Box Number is Not Acceptable) 250 ROYAL COURT DELRAY BEACH, FL 33444 City Zip Code FL 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 \$200.00 as Shown on record. 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# .. P94000007143 STREET ADDRESS DESIGNWORKS CREATIVE PARTNERSHIP, INC. STREET ADDRESS 250 ROYAL COURT CITY-ST-7P CITY-ST-ZIP DELRAY BEACH, FL 33444 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>500050040935</u> DOCUMENT # 04/06/05--01064--005 **141.25 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME, STREET ADDRESS City-ST-7IP 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 peport as required by Chapter 620, Florida Statutes SIGNATURE: 3-24-05 <u>561-2</u>72-6855 R PRINTED NAME OF SIGNING GENERAL PARTNER