


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 28 AM 8:59

DOCUMENT # A9400000891 1. Entity Name PALM DRIVE ASSOCIATES, LTD.	
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Principal Place of Business C/O CENTRO PALM, INC. 35801 S.W. 186TH AVENUE FLORIDA CITY FL 33034	Mailing Address C/O CENTRAL PALM, INC. P.O. BOX 343449 FLORIDA CITY FL 33034
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 65-0539755	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent MAINSTER, STEVE C/O CENTRAL PALM, INC. 35801 S.W. 186TH AVENUE FLORIDA CITY FL 33034	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

11. FILE NOW!!! Due by May 1, 2005
See Block 11 instructions for fee info

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P94000049163 CENTRO PALM, INC. 35801 S.W. 186TH AVE. FLORIDA CITY FL 33034
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200046085172
CITY-ST-ZIP	02/07/05--01032--007 **308.75
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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:  **1/29/04** (305) 245-7738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #