


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

|                                                                                          |         |                                                                                   |         |
|------------------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # A94000001475</b>                                                           |         |  |         |
| 1. Entity Name<br><b>M.C.H. MEDICAL CENTER LTD.</b>                                      |         |                                                                                   |         |
| Principal Place of Business<br><b>777 BRICKELL AVENUE, SUITE 1390<br/>MIAMI FL 33131</b> |         | Mailing Address<br><b>777 BRICKELL AVENUE, SUITE 1390<br/>MIAMI FL 33131</b>      |         |
| 2. Principal Place of Business                                                           |         | 3. Mailing Address                                                                |         |
| Suite, Apt. #, etc.                                                                      |         | Suite, Apt. #, etc.                                                               |         |
| City & State                                                                             |         | City & State                                                                      |         |
| Zip                                                                                      | Country | Zip                                                                               | Country |

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**05 MAR 25 AM 10:11**

*OS*



1ST MOORE CR2E003 (10/04)

|                                                                         |  |                                                        |  |
|-------------------------------------------------------------------------|--|--------------------------------------------------------|--|
| 4. FEI Number<br><b>65-0539980</b>                                      |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required                  |  |

|                                                                                            |  |                                                    |             |
|--------------------------------------------------------------------------------------------|--|----------------------------------------------------|-------------|
| <b>6. Name and Address of Current Registered Agent</b>                                     |  | <b>7. Name and Address of New Registered Agent</b> |             |
| <b>FABRE, FRANK R. S.<br/>717 PONCE DE LEON BLVD., SUITE 234<br/>CORAL GABLES FL 33134</b> |  | 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. |                                                                           | <b>11. FILE NOW!!! Due by May 1, 2005</b><br>See Block 11 instructions for fee info. |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>                                                                                                                | DATE _____                                                                |                                                                                      |
| 9. Capital Contributions as Shown on record. <b>\$324,000.00</b>                                                                                                                                                              | 10. Amount of Capital Contributions in FLORIDA to date. <b>324,000.00</b> |                                                                                      |

**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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>J17255<br/>M.C.H. PROPERTIES, INC.<br/>777 BRICKELL AVENUE, SUITE 1010<br/>MIAMI FL 33131</b> | STREET ADDRESS           |                                                       |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                  | CITY-ST-ZIP              |                                                       |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                  | STREET ADDRESS           | <b>800049885908<br/>04/05/05--01009--013 **535.00</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                  | CITY-ST-ZIP              |                                                       |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                  | STREET ADDRESS           |                                                       |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                  | CITY-ST-ZIP              |                                                       |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                  | STREET ADDRESS           |                                                       |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                  | 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:** *[Signature]* **03/23/05 (305) 381-8790**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #