

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

**Due By May 1, 2005**

FILED

05 APR 19 PM 1:34

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



04012005 Chg-LP CR2E003 (10/03)

4. FEI Number **65-0638219** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

HIGIER, GERALD M  
1541 SUNSET DRIVE, SUITE 300  
CORAL GABLES, FL 33143

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

**600054279626**  
05/11/05--01042--003 \*\*587.50  
DATE

9. Capital Contributions as Shown on record. **\$648,716.00**

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**

DOCUMENT # **P95000021233**  
NAME **GMH/GARDEN SHOPS AT BOCA, INC.**  
STREET ADDRESS **1541 SUNSET DRIVE, SUITE 300**  
CITY-ST-ZIP **CORAL GABLES, FL 33143**

DOCUMENT #  
NAME  
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CITY-ST-ZIP

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**13. ADDRESS CHANGES ONLY**

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

*[Handwritten Signature]*

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*[Handwritten Signature: Gerald M. Higier]* **Gerald M. Higier** 4/13/05 305-666-2140

STAPLE CHECK HERE