2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A95000000609

1. Entity Name
TIFFANY SQUARE RENTAL APARTMENTS, LTD.

Principal Place of Business	Mailing Address
300 NW 12TH AVENUE MIAMI, FL 33128	300 NW 12TH AVENUE MIAMI, FL 33128

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	01262005 Chg-LP CR2E003 (10/03)
City & State	City & State	4. FEI Number 65-0595534 — Applied For / Not Applicable
Zip / Country	Zip / Country	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTORANO, SAL 300 NW 12TH AVENUE MIAMI, FL 33128	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   DATE

9. Capital Contributions as Shown on record. $1,214,900.00	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	13.	ADDRESS CHANGES ONLY
DOCUMENT # P95000029137 NAME GMN-TIFFANY SQUARE, INC. STREET ADDRESS 300 NW 12 AVE CITY-ST-ZIP MIAMI, FL 33128	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # P95000029040 NAME LITTLE HAITI-TIFFANY SQUARE, INC. STREET ADDRESS 181 N.E. 82ND STREET CITY-ST-ZIP MIAMI, FL 33138	STREET ADDRESS CITY-ST-ZIP	U00000346008 04/30/05-80060-003 526.25
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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: _____ Salvatore Martorano 03/04/2005 (305) 324-5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #