

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

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A95000000958**

1. Entity Name  
**3091 LTD.**



Principal Place of Business  
**1500 FLORIAN DRIVE**  
**DANIA, FL 33004**

Mailing Address  
**1500 FLORIAN DRIVE**  
**DANIA, FL 33004**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



04072005 Chg-LP CR2E003 (10/03)

4. FEI Number  
**65-0600439**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**COHN, ALAN B**  
**% ABRAMS ANTON ROBBINS RESNICK & SCHNEIDER**  
**2021 TYLER STREET**  
**HOLLYWOOD, FL 33022**

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

9. Capital Contributions as Shown on record. **\$100,000.00**

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 #	P95000049037	STREET ADDRESS	
NAME	FLOBER, INC.	CITY-ST-ZIP	
STREET ADDRESS	1500 FLORIAN DRIVE		
CITY-ST-ZIP	DANIA, FL 33004		
DOCUMENT #		STREET ADDRESS	11000000314141
NAME		CITY-ST-ZIP	04/18/05-80154-014 526.25
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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:** *Beverlee F. Marotto* *General Partner* *4/8/05*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #  
**BEVERLEE F. MAROTTO**

STAPLE CHECK HERE