2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED Apr 27, 2005 08:00 AM - Secretary of State

DOCUMENT # A9500001407 1. Entity Name DROZDOW FAMILY LIMITED PARTNERSHIP					Secretary of State
Principal Place of Business 590 GOLDEN BEACH DRIVE GOLDEN BEACH, FL 33160		Mailing Address 590 GOLDEN BEACH DRIVE GOLDEN BEACH, FL 33160		; 	
2. Principal P	ace of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04052005 Chg-LP CR2E003 (10/03)
City & State	9 .	City & State			4. FEI Number Applied For 65-0655208 Not Applicab
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	1 	Name	7. Name and Address of New Registered Agent
590 GOLD	V FAMILY GP CORP. EN BEACH DRIVE BEACH, FL 33160		Street Addres		(P.O. Box Number is Not Acceptable)
GOLDENI	3EACH, FE 33100				
				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					
9. Capital Contributions as Shown on record. \$74,468.55 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					ADDRESS CHANGES ONLY
DOCUMENT # NAME				REET ADDRESS	
STREET ADDRESS 590 GOLDEN BEACH DRIVE GOLDEN BEACH, FL 33160		:	CIT	Y-ST-ZIP	
DOCUMENT# P95000072545		-	STE	REET ADDRESS	Unnanana
NAME STREET ADDRESS				Y-ST-ZIP	04,400000333423 04,40,95-80002-023 526.25
DOCUMENT #	GOLDEN BLACH, PL 33100		STF	REET ADDRESS	
STREET ADDRESS CITY - ST-ZIP			CIT	Y-ST-ZIP	
DOCUMENT #			SIF	REET ADDRESS.	
STREET ADDRESS CITY-ST-ZIP			ÇIT	Y-ST-ZIP	
DOCUMENT# NAME			STF	REET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZIP	
DOCUMENT #			TI2	REET ADORESS	
STREET ADDRESS CITY-ST-ZIP				Y+ST-ZIP	
14. I hereby certify that the information supplied will 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 provided 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 employed to accurate this report as required by Chapter 620, Florida Statutes					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER 4/12/05 305 682 1238					