


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

**FILED  
Apr 09, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # A95000002018**

1. Entity Name  
FLORIDA RESORT MANAGEMENT, LTD.



Principal Place of Business  
1677 COLLINS AVENUE  
MIAMI, FL 33139

Mailing Address  
C/O MILLER & WEBNER, P.A.  
P.O. BOX 266947  
WESTON, FL 33326-6947



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02152005 Chg-LP CR2E003 (10/03)

4. FEI Number <b>65-0649560</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
MILLER, REBECCA M ESQ. C/O MILLER & WEBNER, P.A. 2442 POINCIANA COURT WESTON, FL 33327		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. <b>\$22,900,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$22,900,000.00</b>
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**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 #	P95000096194	STREET ADDRESS	
NAME	FLORIDA RESORT, INC.	CITY - ST - ZIP	
STREET ADDRESS	1677 COLLINS AVENUE		U00000294924
CITY - ST - ZIP	MIAMI BEACH, FL 33139		04/09/05-80008-006 526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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STREET ADDRESS			
CITY - ST - ZIP			

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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:** MILLER 3/25/2005 (954) 385-9030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #