


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Feb 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000000449</b>	
1. Entity Name <b>MDR WAREHOUSES, LTD.</b>	

Principal Place of Business <b>930 WASHINGTON AVENUE, 4TH FLOOR MIAMI BEACH FL 33139-5084</b>	Mailing Address <b>930 WASHINGTON AVENUE, 4TH FLOOR MIAMI BEACH FL 33139-5084</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

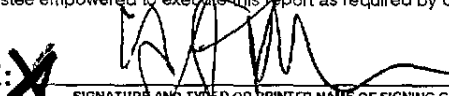
6. Name and Address of Current Registered Agent <b>FRIEDMAN, MICHAEL DEAN 930 WASHINGTON AVENUE, 4TH FLOOR MIAMI BEACH FL 33139-5084</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	
9. Capital Contributions as Shown on record.	<b>\$1,500,000.00</b>	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 #	<b>P96000015985</b>	STREET ADDRESS	
NAME	<b>WAREHOUSE G.P. CORP.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>930 WASHINGTON AVENUE, 4TH FLOOR</b>		
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139-5084</b>		
DOCUMENT #		STREET ADDRESS	<b>000000239291</b>
NAME		CITY-ST-ZIP	<b>02-22-05-80027-019 526.25</b>
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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)(f), 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes	
SIGNATURE: 	2/16/05 (305) 674-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Daytime Phone #