


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 05 APR 29 PM 5:56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A9600000812
 1. Entity Name
 NEW ARENA SQUARE NORTH & SOUTH, LTD.



Principal Place of Business
 1023 N.W. 3RD AVENUE
 MIAMI, FL 33136

Mailing Address
 1023 N.W. 3RD AVENUE
 MIAMI, FL 33136

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

YUKEN, SALOMON
 10101 EAST BAY HARBOR DRIVE
 BAY HARBOR ISLANDS, FL 33154



04232005 Chg-LP CR2E003 (10/03)

4. FEI Number
 65-0673627

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name YUKEN SALOMON
 Street Address (P.O. Box Number is Not Acceptable)
 10101 COLLINS AVE
 APT # 9A
 City BAL HARBOUR FL Zip Code 33154

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. \$7,500,000.00

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 # P96000036875
 NAME NEW ARENA SQUARE CORPORATION
 STREET ADDRESS 750 COLLINS AVE., APT. 1
 CITY-ST-ZIP MIAMI BEACH, FL 33139

STREET ADDRESS 10101 COLLINS AVE, APT # 9A
 CITY-ST-ZIP BAL HARBOUR, FL 33154

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STREET ADDRESS 800054744918
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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: _____ DATE: 4/20/05 DAYTIME PHONE: 3053721383

STAPLE CHECK HERE