
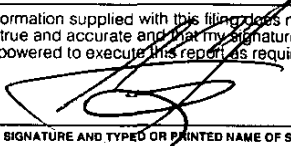


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

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

DOCUMENT # A96000000812					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04232005 Chg-LP CR2E003 (10/03) 4. FEI Number 65-0673627 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
YUKEN, SALOMON 10101 EAST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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		STREET ADDRESS	10101 COLLINS AVE, APT # 9A	
NAME	NEW ARENA SQUARE CORPORATION		CITY - ST - ZIP	BAL HARBOUR, FL 33154	
STREET ADDRESS	750 COLLINS AVE., APT. 1		STREET ADDRESS		
CITY - ST - ZIP	MIAMI BEACH, FL 33139		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			STREET ADDRESS	800054744918	
CITY - ST - ZIP			CITY - ST - ZIP	05/18/05--01057--003 **535.00	
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NAME			CITY - ST - ZIP		
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DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: 			4/25/05 305374383		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE