

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

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

<b>DOCUMENT # A96000001343</b> 1. Entity Name GARDENS ON THE FAIRWAY, LTD.			
Principal Place of Business 7900 GLADES ROAD, SUITE 420 BOCA RATON, FL 33434		Mailing Address 7900 GLADES ROAD, SUITE 420 BOCA RATON, FL 33434	
2. Principal Place of Business 7900 Glades Rd. Suite, Apt. #, etc. Suite #600		3. Mailing Address 7900 Glades Rd. Suite, Apt. #, etc. Suite #600	
City & State Boca Raton, FL Zip 33434		City & State Boca Raton, FL Zip 33434	
Country Palm Beach		Country Palm Beach	
4. FEI Number 65-0685349		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  TOPPEL, JONATHAN 7900 GLADES ROAD, SUITE 420 BOCA RATON, FL 33434		7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  7900 Glades Rd. Suite #600 City Boca Raton FL Zip Code 33434	
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  Jonathan Toppel DATE 4/27/05 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record, \$5,300,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P96000059500 GARDENS ON THE FAIRWAY, INC. 7900 GLADES ROAD, SUITE 420 BOCA RATON, FL 33434	STREET ADDRESS CITY-ST-ZIP	7900 Glades Rd. Suite #600 Boca Raton, FL. 33434
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	700054743857 05/18/05 01054 003 **526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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:		Harold Toppel DATE 4/27/05 Daytime Phone # 561-451-4696	

STAPLE CHECK HERE