


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

DOCUMENT # A96000001371						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 AUG -5 AM 9:23	
1. Entity Name BAYSHORE AT DAVIE, LTD.				Principal Place of Business 6701 NORTH POWERLINE ROAD FORT LAUDERDALE, FL 33309			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				4. FEI Number 65-0679493			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable			
6. Name and Address of Current Registered Agent DISORBO, MARIO 6701 NORTH POWERLINE ROAD FORT LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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, typed or printed name of registered agent and title if applicable.			
9. Capital Contributions as Shown on record. \$20,000.00				10. Amount of Capital Contributions in FLORIDA to date.			
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.							
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 #	P98000033067	NAME	MDS AT DAVIE, INC.	STREET ADDRESS			
STREET ADDRESS	6701 NORTH POWERLINE ROAD	CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	CITY-ST-ZIP			
DOCUMENT #		NAME		STREET ADDRESS			
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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: Mario Disorbo 08/29/05 954-975-1020

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