


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

**FILED
May 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # A96000001375
1. Entity Name
SAMPLE 95 ASSOCIATES, LTD.



Principal Place of Business
2100 PARK CENTRAL BLVD. N.
SUITE 900
POMPANO BEACH, FL 33064

Mailing Address
2100 PARK CENTRAL BLVD. N.
SUITE 900
POMPANO BEACH, FL 33064

2. Principal Place of Business
2875 N.E. 191ST STREET

3. Mailing Address
2875 N.E. 191ST STREET

Suite, Apt. #, etc.
PENTHOUSE 1B


Suite, Apt. #, etc.
PENTHOUSE 1B

City & State
AVENTURA, FLORIDA

City & State
AVENTURA, FLORIDA

Zip 33180 Country USA

Zip 33180 Country USA



04062005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0694434

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KLEIN, THEODORE J
8030 PETERS ROAD
BUILDING D, SUITE # 104
PLANTATION, FL 33324

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$3,430,000.00

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 #	P96000061336	STREET ADDRESS	
NAME	SAMPLE 95, INC.	CITY-ST-ZIP	
STREET ADDRESS	2100 PARK CENTRAL BLVD. N., #900	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	000000365535
NAME		CITY-ST-ZIP	05/11/05-80005-011 526.25
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:  Erwin Sironi 4/27/05 305-935-9940

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

STAPLE CHECK HERE