

**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. 191<sup>ST</sup> STREET**

3. Mailing Address  
**2875 N.E. 191<sup>ST</sup> STREET**

Suite, Apt. #, etc.  
**PENTHOUSE 1B**

Suite, Apt. #, etc.  
**PENTHOUSE 1B**

04062005 Chg-LP CR2E003 (10/03)

City & State  
**AVENTURA, FLORIDA**  
 Zip **33180** Country **USA**

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**AVENTURA, FLORIDA**  
 Zip **33180** Country **USA**

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**

**7. Name and Address of New Registered Agent**

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

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

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

DATE

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**  
 NAME **SAMPLE 95, INC.**  
 STREET ADDRESS **2100 PARK CENTRAL BLVD. N., #900**  
 CITY-ST-ZIP **POMPANO BEACH, FL 33064**

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
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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)(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 Sreoni**

**4/27/05**

**305-935-9940**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE