

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 27 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000001468	
1. Entity Name MDN WHARFSIDE, LTD.	



02102005 Chg-LP CR2E003 (10/03)

Principal Place of Business 6909 SW 18TH STREET SUITE A111 WHARFSIDE AT BOCA RATON BOCA RATON, FL 33433		Mailing Address 6909 SW 18TH STREET SUITE A111 WHARFSIDE AT BOCA RATON BOCA RATON, FL 33433	
2. Principal Place of Business 110 SE 4th Ave Suite, Apt. #, etc. 101 City & State Delray Beach, FL Zip 33483 Country		3. Mailing Address SAME Suite, Apt. #, etc. SAME City & State Delray Beach, FL Zip 33483 Country	

4. FEI Number 65-0694984	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NAVILIO, DAN 6909 SW 18 ST BOCA RATON, FL 33433		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 110 SE 4th Ave #101 City Delray Beach FL 33483	
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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. \$3,375,900.00	10. Amount of Capital Contributions in FLORIDA to date. 927,254.00	12/31/04
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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 #	P96000065415	STREET ADDRESS	
NAME	FRANDA PROPERTIES, INC.	CITY - ST - ZIP	
STREET ADDRESS	1111 LINCOLN ROAD MALL, SUITE 500		
CITY - ST - ZIP	MIAMI BEACH, FL 33139		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	400054918384
STREET ADDRESS			05/20/2005--01050--001--**526.25
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

STAPLE CHECK HERE

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