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

## FILED Jan 28, 2005 08:00 AM Secretary of State

Due By May 1, 2005						Secretary of State			
DOCUMENT # A96000001511						Sec	cretar	y of State	
GORDON REALTY PARTNERS, LTD.									
Principal Place of Business Mailing Address				1. —					
4208 N. 31	AVENUE, SUITE 3 D, FL 33021	P. O. BOX 100527 FT. LAUDERDALE, FL 33310							
Principal Place of Business     3. Mailing Address									
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			01112005	Chg-LP	CR2E00	3 (10/03)	
City & Sta	te	City & State			4. FEI Number 65-0690			Applied For Not Applicable	
Zip	Country	Zip Country		otry	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New A	egistered A	jent	
Name									
	, ALLEN 1 AVENUE, SUITE 3 DOD, FL 33021		Street Address		P.O. Box Number	is Not Acceptable	e)		
110221111	505,12 00021			City				Zip Code	
				·			FL		
	named entity submits this statement for tions of registered agent	or the purpose of changing its	s register	ed office or register	ed agent, or both	, in the State of Flo	orida. I am fa	miliar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and lifte if applicable DATE									
9. Capital Ci as Shown	on record. \$1,275,000.00	10. Amount of Capit in FLORIDA to c		butions			,		
	A GENERAL PARTNER 1 NOTE: General Partners MA								
12.	GENERAL PARTNE		13.		t must be med	ADDRESS CH			
DOCUMENT #	P96000064197 ALLEN GORDON REALTY, INC.			EET ADDRESS		, 55111333 317		,	
STRLET ADDRESS CITY-ST-ZIP	4208 N. 31 AVENUE, SUITE 3 HOLLYWOOD, FL 33021		CITY	'-ST-ZIP		новоо	020247	7	
DOCUMENT A NAME			STRI	EET ADDRESS		01/28/05	-80113	-001 528.25	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP					
NAME STREET ADDRESS			STRI	EET ADDRESS					
CITY-ST-ZIP			СПҮ	-ST-ZIP					
NAME STREET ADDRESS			1	EET ADDRESS	·				
CITY-ST ZIP				-ST-ZIP					
NAME STREET ADDRESS				-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			
CITY-ST-ZIP DOCUMENT #		<del></del>		ET ADDRESS		·····			
NAME STREET ADDRESS CITY-ST-ZIP				-ST-ZIP					
14. I hereby	L certify that the information supplied with f on this report is true and accurate and ver or trustee empowered to execute th	this filing does not qualify for that my signature, hall have is report as required by Chac	r the exe the same oter 620	mption stated in Se e legal effect as if m Florida Statutes	ction 119 07(3)(i), nade under oath; t	, Florida Statutes. I hat I am a Genera	I further certiful al Partner of the	y that the information ne limited partnership or	
SIGNAT	TURE: All	Jane	100	- Kr	,	-17-05		561-3607	
	SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING GENER	AL PARTNI	R		Date	Day	time Phone #	