


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # A96000001795</b>	
1. Entity Name <b>WAIKIKI LINCOLNTON, LTD.</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 FEB -7 AM 9:38

Principal Place of Business <b>18425 N.W. 2ND AVENUE MIAMI FL 33169</b>	Mailing Address <b>18425 N.W. 2ND AVENUE MIAMI FL 33169</b>
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2. Principal Place of Business <b>BENNETT M. LIFTER, INC. P.O. BOX 694645 17760 NW 2nd AVE., STE. 200 MIAMI, FL 33269-1645</b>	3. Mailing Address <b>BENNETT M. LIFTER, INC. P.O. BOX 694645 17760 NW 2nd AVE., STE. 200 MIAMI, FL 33269-1645</b>
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1ST MOORE CR2E003 (10/04)

City & State	City & State	4. FEI Number <b>65-0704224</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  <b>A Z REGISTERED AGENT CORPORATION 2601 S. BAYSHORE DRIVE, SUITE 1600 MIAMI FL 33133</b>
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
9. Capital Contributions as Shown on record. <b>\$500,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.

**11. FILE NOW!!! Due by May 1, 2005.**  
See Block 11 instructions for fee info.

**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	
DOCUMENT #	<b>P93000057217</b>
NAME	<b>WAIKIKI TRUSTS, INC.</b>
STREET ADDRESS	<b>18425 N.W. 2ND AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL 33169</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>17760 NW 2ND AVE #200</b>
CITY-ST-ZIP	<b>Miami FL 33169</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>700046488727</b>
CITY-ST-ZIP	<b>02/14/05--01013--016 **526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
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)(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

<b>SIGNATURE:</b> <u><i>Bennett M Lifter</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<u>2/4/05</u> <small>Date Daytime Phone #</small>
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STAPLE CHECK HERE