



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

<b>DOCUMENT # A96000001796</b> 1. Entity Name <b>WAIKIKI PRINCETON, LTD.</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS <b>05 FEB -7 AM 9:55</b>	
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>			
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>				1ST MOORE CR2E003 (10/04)	
City & State _____		City & State _____		4. FEI Number <b>65-0704209</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip _____		Country _____		Zip _____		Country _____	
6. Name and Address of Current Registered Agent <b>A Z REGISTERED AGENT CORPORATION 2601 S. BAYSHORE DRIVE, SUITE 1600 MIAMI FL 33133</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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.						<b>11. FILE NOW!!! Due by May 1, 2005.</b> See Block 11: Instructions for fee info.	
SIGNATURE <u>Bennett M Lifter</u> <u>2/4/05</u> <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>DATE</small>							
9. Capital Contributions as Shown on record. <b>\$500,000.00</b>							
10. Amount of Capital Contributions in FLORIDA to date. _____							
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
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>				STREET ADDRESS <b>17760 NW 2ND AVE</b> CITY-ST-ZIP <b>MIAMI, FL 33169</b>			
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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							
SIGNATURE: <u>Bennett M Lifter</u> <u>2/4/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> <small>Date</small> <small>Daytime Phone #</small>							

STAPLE CHECK HERE