

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 MAR -7 P 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03032005 Chg-LP CR2E003 (10/03)

4. FEI Number **65-0744904** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DOCUMENT # A96000002343

1. Entity Name
3F-LINDA LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
6001 NW 153 STREET, SUITE 110 **6001 NW 153 STREET, SUITE 110**
MIAMI LAKES, FL 33014 **MIAMI LAKES, FL 33014**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

WASERSTEIN, RICHARD
1124 KANE CONCOURSE
BAY HARBOR ISL, FL 33154

7. Name and Address of New Registered Agent

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

9. Capital Contributions as Shown on record. **\$950,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$100,000**

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 #	P96000101605	STREET ADDRESS	
NAME	JERIKA PROPERTIES II, INC.	CITY-ST-ZIP	
STREET ADDRESS	6001 NW 153 STREET, SUITE 110		
CITY-ST-ZIP	MIAMI LAKES, FL 33014		
DOCUMENT #	P96000100287	STREET ADDRESS	600048121646
NAME	3F HOLDING II, INC.	CITY-ST-ZIP	03/10/05-01007-014 **141.25
STREET ADDRESS	520 BRICKELL KEY DRIVE, SUITE 0-305		
CITY-ST-ZIP	MIAMI, FL 33131		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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.

SIGNATURE: _____ **3/3/05** **258228373**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE