2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

## FILED May 11, 2005 08:00 AM Secretary of State

DOCUMENT # A9600002516  1. Entity Name PLANTATION TOWNE MALL, LTD.				Secretary of State
Principal Place of Business Mailing Address  1655 DREXEL AVENUE, SUITE 208 1655 DREXEL AVENUE, SUITE 208 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139				) TEDUTI) INTE INITE AINT MENT METT MATTE MATTE MATTE MATTE MATTER IN AND COMES DEFINIT ME TONI
2. Principal Place of Business 3. Mailing Address		3. Mailing Address		
Suite, Apt. #, etc Su		Suite, Apt. #. etc.		03222005 Chg-LP CR2E003 (10/03)
City & Sta	· ~ /47 = -	City & State		4. FEI Number Applied For 65-0724819 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
<del></del>	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
RAPPORT, MORRIS 1655 DREXEL AVENUE, SUITE 208 MIAMI BEACH, FL 33139			Street Address	s (P.O. Box Number is Not Acceptable)
	And the state of t	<u>属</u>	City	FL Zip Code
8. The above named ontity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE	Signature, typed or printed name of registered agent.	and time if applicable.		DATE
Capital Contributions     as Shown on record, \$643,000.00  10. Amount of Capital Contributions in FLORIDA to date.				
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 filled to change a general partner.				
12. GENERAL PARTNER INFORMATION 13.				AODRESS CHANGES ONLY
DOCUMENT # NAME	P95000019691   PLANTATION TOWNE SQUARE	, INC,	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	1655 DREXEL AVENUE, SUITE : MIAMI BEACH, FL 33139	208 	CITY-ST-ZIP	
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14. I hereby certify that the Information supplied with this filling 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 Chaple 1620. Florida Statutes.				
SIGNATURE: CLOSE CONTROL MOTTIS ROBERT 4/24/03 305-672-7735  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  Days Dayson Program				