

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

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

<b>DOCUMENT # A96000002517</b> 1. Entity Name <b>MIAMI GARDENS SHOPPING PLAZA, LTD.</b>					
Principal Place of Business <b>1655 DREXEL AVENUE, SUITE 208</b> <b>MIAMI BEACH, FL 33139</b>			Mailing Address <b>1655 DREXEL AVENUE, SUITE 208</b> <b>MIAMI BEACH, FL 33139</b>		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-0724814</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>RAPPORT, MORRIS</b> <b>1655 DREXEL AVENUE, SUITE 208</b> <b>MIAMI BEACH, FL 33139</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature typed or printed name of registered agent and file if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$360,900.00</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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P95000019695		STREET ADDRESS		
NAME	MIAMI GARDENS SHOPPING PLAZA CORP.		CITY - ST - ZIP		
STREET ADDRESS	1655 DREXEL AVENUE, SUITE 208				
CITY - ST - ZIP	MIAMI BEACH, FL 33139				
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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)(f), 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> <i>Morris Rapport</i> <b>Morris Rapport</b>			<b>4/26/05 305-672-7735</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone</small>		

STAPLE CHECK HERE