

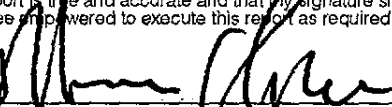


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

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

| | | | | | |
|---|--|--|-------------------------------|--|--|
| DOCUMENT # A97000000014 1. Entity Name DESTIN/SHARKTOOTH LIMITED PARTNERSHIP | | | |  | |
| Principal Place of Business 2333 BRICKELL AVENUE STE. D-1 MIAMI FL 33129 | | Mailing Address 2333 BRICKELL AVENUE STE. D-1 MIAMI FL 33129 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State | | City & State | | | |
| Zip Country | | Zip Country | | | |
| 4. FEI Number 65-0722012 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DAVID, MARY ANN Y ESQUIRE 2333 BRICKELL AVENUE SUITE D-1 MIAMI FL 33129 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | DATE _____ | |
| 9. Capital Contributions as Shown on record. \$150,000.00 | | 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 filed to change a general partner. | | | | | |
| 12. GENERAL PARTNER INFORMATION | | | 13. ADDRESS CHANGES ONLY | | |
| DOCUMENT # P96000103162 NAME DESTIN/SHARKTOOTH VENTURES, INC. STREET ADDRESS 2333 BRICKELL AVENUE, SUITE D-1 CITY-ST-ZIP MIAMI FL 33129 | | | STREET ADDRESS CITY-ST-ZIP | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | |
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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:  | | | | Norman S. Rosen | |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | | Date 4/25/05 | |
| Daytime Phone # 305.859.4900 | | | | Daytime Phone # | |

STAPLE CHECK HERE