


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

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000000259**


1. Entity Name  
 HOWARD PARK, LTD.



Principal Place of Business  
 1615 N.W. FIRST AVENUE  
 FLORIDA CITY, FL 33034

Mailing Address  
 1615 N.W. FIRST AVENUE  
 FLORIDA CITY, FL 33034

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03312005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0799747	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLAYTON, LOVEY  
 1615 NW FIRST AVENUE  
 FLORIDA CITY, FL 33034

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. <b>\$710,361.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	CLAYTON, LOVEY	STREET ADDRESS	
NAME	1615 NW FIRST AVENUE	CITY-ST-ZIP	
STREET ADDRESS	FLORIDA CITY, FL 33034		
CITY-ST-ZIP			
DOCUMENT #	CLAYTON, DAVID	STREET ADDRESS	
NAME	1615 NW FIRST AVENUE	CITY-ST-ZIP	
STREET ADDRESS	FLORIDA CITY, FL 33034		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	U000000314136
NAME		CITY-ST-ZIP	04/18/05-80154-013 526.25
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: *Jorey Clayton* APRIL 8, 2005 305-248-2532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #