

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

**Due By May 1, 2005**

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

<b>DOCUMENT # A97000000259</b> 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03312005 Chg-LP CR2E003 (10/03)	
4. FEI Number 65-0799747				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> 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 <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 title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$710,361.00</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 #	NAME		STREET ADDRESS		
	CLAYTON, LOVEY				
STREET ADDRESS	1615 NW FIRST AVENUE		CITY-ST-ZIP		
CITY-ST-ZIP	FLORIDA CITY, FL 33034				
DOCUMENT #	NAME		STREET ADDRESS		
	CLAYTON, DAVID				
STREET ADDRESS	1615 NW FIRST AVENUE		CITY-ST-ZIP		
CITY-ST-ZIP	FLORIDA CITY, FL 33034				
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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)(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					
<b>SIGNATURE:</b> <i>Jorey Clayton</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			APRIL 8, 2005 305-248-2532 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE