2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

		DUE BY SEPTEM	BER 7, 2005		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
•,	1. Entity Nam	OCUMENT # A9700000780				01 V	SECRETAR ISIC:	ILED BY OF STAT	E ONS
							, ort. 13	AH 11: 12	
	Principal Place of Business Mailing Address]			
	5301 FOUNTAINS DRIVE SOUTH, APT. 604 LAKE WORTH FL 33467 5301 FOUNTAINS DRIVE LAKE WORTH FL 33467				TH, APT. 604	de			
	2. Principal Place of Business		3. Mailing Address 9813 Gleno Hen		n DR				
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		2nd MOORE CR2E003 (5/05)				
	City & State		Potomac Md			4. FEI Number 65-0736007 Applied For Not Applicable			
-	Zip 			Country USA		5. Certificate or Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current Registered Agent				Name	7. Name and A	Address of Nev	w Registered Ag	ent
	SUCHMAN, RUTH 5301 FOUNTAINS DRIVE SOUTH, APT. 604 LAKE WORTH FL 33467				Street Address (P.O. Box Number is Not Acceptable)				
				ŀ					
				Ì	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. 11. FILE NOW!!! Due by September 7, 201 See Block 11 instructions for fee info.								
	SIGNATURE Signature, typed or primed name of registered agent and title ¢ applicable DATE								received, check box
	9. Capital Contributions as Shown on record. \$1,500,000.00 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.				an amenomen	it must be filed		HANGES ONLY	
	DOCUMENT #	SUCHMAN, RUTH 5301 FOUNTAINS DRIVE SOUTH, APT. 604 LAKE WORTH FL 33467 SUCHMAN, JERRY J			STREET ADDRESS 100050222541 CITY-ST-2IP				
	DOCUMENT /				ET ADDRESS				
	STREET ADDRESS CITY-ST-ZIP	6 HIGH WAY CHAPPAQUA NY 10514		_ciIX-	MIY-S1-21P			-	
STAPLE CHECK HERE	DOCUMENT #	ROSENBLUM, CAROL S	-	STREE	T ADDRESS		- "		
	STREET ADDRESS CITY-ST-ZIP	9813 GLENOLDEN DRIVE POTOMAC MD 20854			ST-ZIP				
	DOCUMENT # NAME			STREE	T ADDRESS				
	STREET ADDRESS CITY-ST-ZIP				ST-ZIP			<u></u> -	,
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	STREET ADDRESS CITY-ST-ZIP				ST-ZIP	··			
	DOCUMENT / NAME			STREE	ET ADDRESS				
	STREET ADDRESS CITY-ST-ZIP.				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 infricated 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 CASCL 5 (SOSCIDIUM)								
	SIGNATURE: COUNTY S. Corenblum					5	127105	301-2	99-3090
ļ		SIGNATURE AND TYPED OR PRINT	ED NAME OF SIGNING GENERAL F	PARTNE	R		Date	Day	time Phone #