


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 30, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # A97000000896 |  |
| 1. Entity Name NORTH PORT VILLAGE SHOPPING CENTER ASSOCIATES, LTD. | |

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|---|---|
| Principal Place of Business 506 S. DIXIE HWY HALLANDALE, FL 33009 | Mailing Address 506 S. DIXIE HWY HALLANDALE, FL 33009 |
|---|---|

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



04192005 Chg-LP CR2E003 (10/03)

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|-----------------------------|--|
| 4. FEI Number 65-0755524 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|---|--|
| 6. Name and Address of Current Registered Agent | |
| PUYANIC, MAX D 51 SW 9 STREET MIAMI, FL 33130 | |

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| 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 | |

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| 9. Capital Contributions as Shown on record. \$1,224,726.00 | 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 # | L04000071641 | STREET ADDRESS | |
| NAME | NORTH PORT VILLAGE SHOPPING CENTER, LLC | CITY-ST-ZIP | |
| STREET ADDRESS | 506 S. DIXIE HIGHWAY | | |
| CITY-ST-ZIP | HALLANDALE, FL 33009 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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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)(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

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|---|------------------------|
| SIGNATURE:  | 4/19/05 (954) 955-2822 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | Date Daytime Phone # |