



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

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

<b>DOCUMENT # A97000001563</b> 1. Entity Name <b>ARDEN ESTATES-DAVENPORT LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>96 JAMES GRIFFIN          1401 E. BROWARD BLVD., #302          FT. LAUDERDALE, FL 33301</b>			Mailing Address <b>MARK PORATH          16133 VENTURA BLVD., STE 1400          ENCINO, CA 91436</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>95-4660650</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC.          2731 EXECUTIVE PARK DRIVE          SUITE 4          WESTON, FL 33331</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed, or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record, <b>\$1,696,398.75</b>		10. Amount of Capital Contributions in FLORIDA to date, <b>0.00</b>			
<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 #	<b>L97000000771</b>		STREET ADDRESS		
NAME	<b>FL MS/HIIP GP, L.C.</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>16133 VENTURA BLVD., #1400</b>		CITY-ST-ZIP		
CITY-ST-ZIP	<b>ENCINO, CA 91436</b>		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)(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.					
<b>SIGNATURE: Mark A. Porath</b>			<b>4/25/05      818-385-0005</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE

Its: Authorized