2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

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

DOCUMENT # A9700001674 1. Entity Name HARYDA, LTD.						Sec	eretary	y of State
Principal Place of Business Mailing Address				-				
108 WEST DILIDO DRIVE 108 WEST DILIDO DE MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33								
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #. etc.		02042005	Chg-LP	CR2E003	(10/03)	
City & State		City & State		4. FEI Number 65-0782			Applied For Not Applicable	
Zip Country		Zip	Zip Country		5. Certificate o	f Status Desired		3.75 Additional e Required
6. Name and Address of Current Registered Agent				ame	7. Name and A	Address of New R	legistered Ag	ent
RYWLIN, HAVA 108 WEST DILIDO DRIVE			Str	Street Address (P.O. Box Number is Not Acceptable)				
MIANII BE	ACH, FL 33139	•	-					
<u> </u>			Cit	-			FL	Zip Code
8. The above the obligation	named entity submits this statement tions of registered agent,	for the purpose of changing i	ts registered of	fice or registere	ed agent, or both	, in the State of Flo	orida. I am fan	niliar with, and accept
SIGNATURE	Signature, typed or printed name of repistered age	n and the v applicable.					DATE	······
9. Capital Co as Shown		10. Amount of Cap in FLORIDA to		ns				
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS E AY NOT be changed on	NTITY MUST	BE REGIST	ERED AND AC	TIVE WITH TH	IS OFFICE.	er.
12.	GENERAL PARTNI	R INFORMATION	13.			ADDRESS CHA		
DOCUMENT / NAME	RYWLIN, HAVA			DRESS				
STREET ADDRESS CITY-ST-ZIP	108 WEST DILIDO DRIVE MIAMI BEACH, FL 33139		CHTY-ST-ZH	P				
DOCUMENT # NAME	P00000117821 HARYDA, INC.		STREET ADD	DRESS				
STREET ADDRESS CITY-ST-ZIP	108 W. DILIDO DRIVE MIAMI BEACH, FL 33139		CITY+ST-ZI	Ρ	0000003 14931 04/19/05-80015-018 526 25			
DOCUMENT # NAME	-		STREET ADD	DRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZE	Р				
DOCUMENT # NAME			STREET ADD	DRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIF	P				
DOCUMENT / NAME			STREET ADD	PRESS				
STREET ADDRESS CITY-ST-ZIP			CITY+ST-ZIF	P				
DOCUMENT # NAME			STREET ADD	RESS				
STREET ADDRESS CITY-ST-ZIP			CITY+ST+ZIF	•				
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #								