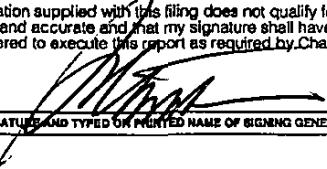


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 JUL 13 AM 9:18

| | | |
|---|---|--|
| DOCUMENT # A97000001837 | |  |
| 1. Entity Name TEQUESTA KNOLL APARTMENTS, LTD. | | |
| Principal Place of Business 300 NW 12TH AVENUE MIAMI, FL 33128 | | Mailing Address 300 NW 12TH AVENUE MIAMI, FL 33128 |
| 2. Principal Place of Business | | 3. Mailing Address |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. |
| City & State | | City & State |
| Zip | Country | Zip Country |
| 6. Name and Address of Current Registered Agent MARTORANO, SAL 300 NW 12TH AVENUE MIAMI, FL 33128 | | 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 _____ | | |
| 9. Capital Contributions as Shown on record. \$101.00 | | 10. Amount of Capital Contributions in FLORIDA to date. |
| In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. | | |
| 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 # | P97000064534 NAME STREET ADDRESS CITY-ST-ZIP | STREET ADDRESS CITY-ST-ZIP |
| DOCUMENT # | P97000041405 NAME STREET ADDRESS CITY-ST-ZIP | STREET ADDRESS CITY-ST-ZIP |
| DOCUMENT # | N09210 NAME STREET ADDRESS CITY-ST-ZIP | STREET ADDRESS CITY-ST-ZIP |
| DOCUMENT # | | STREET ADDRESS CITY-ST-ZIP |
| DOCUMENT # | | STREET ADDRESS CITY-ST-ZIP |
| DOCUMENT # | | STREET ADDRESS 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)(l), 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:  | | 7/12/2005 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | Date |
| | | Daytime Phone # |

STAPLE CHECK HERE