2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A97000001885

1. Entity Name
PACIFIC GROUP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 21 AM 10:53

Principal Place of Business	Mailing Address
4801 S. UNIVERSITY DR. DAVIE, FL 33328	PO BOX 661169 MIAMI SPRINGS, FL 33166

03152005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
1920 HALLANDALE BEACH BLVD.	
Suite, Apt. #, etc. # 602	Suite, Apt. #, etc.
City & State HALLANDALE FL.	City & State
Zip 33009 Country U.S	Zip Country

4. FEI Number
65-0778403
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALWEISS, IRA 4801 S. UNIVERSITY DR. DAVIE, FL 33328	Name Street Address (P.O. Box Number is Not Acceptable) 1920 HALLANDALE BEACH BLVD #602 City HALLANDALE FL Zip Code 33009

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.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$10,000,000.00	

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 #		STREET ADDRESS	1920 HALLANDALE BCH. BLVD. #602
NAME	ALWEISS, IRA	CITY-ST-ZIP	HALLANDALE FLA 33009
STREET ADDRESS	4801 S. UNIVERSITY DR.		
CITY-ST-ZIP	DAVIE, FL 33328		
DOCUMENT #		STREET ADDRESS	1920 HALLANDALE BCH. BLVD #602
NAME	ALWEISS, ALAN	CITY-ST-ZIP	HALLANDALE FLA 33009
STREET ADDRESS	4801 S. UNIVERSITY DR.		
CITY-ST-ZIP	DAVIE, FL 33328		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	600049241186
STREET ADDRESS			03/28/05--01009--017 **526.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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)(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: _____ (IRA ALWEISS) 3/18/05 305-285-0789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #