

2005 LIMITED PARTNERSHIP ANNUAL REPORT


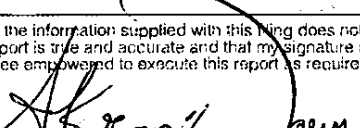
Due By May 1, 2005

FILED

05 MAY 2005 2:20

STATE OF FLORIDA
TALLAHASSEE

11/10

DOCUMENT # A97000002026					
1. Entity Name THE DARWISH FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 1950 SOUTH OCEAN DRIVE, #14-K HALLANDALE, FL 33009			Mailing Address 750 LEXINGTON AVENUE 4TH FLOOR NEW YORK, NY 10022 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 13-3941080	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DARWISH, AKRAM S 1950 SOUTH OCEAN DRIVE, #14-K HALLANDALE, FL 33009			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 _____ <small>Signature, typed or printed name of registered agent and the applicable date.</small>					
9. Capital Contributions as Shown on record. \$10,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	NAME		STREET ADDRESS		
NAME	DARWISH, AKRAM S		CITY-ST-ZIP		
STREET ADDRESS	1950 SOUTH OCEAN DRIVE, #14-K				
CITY-ST-ZIP	HALLANDALE, FL 33009				
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			800045212198 01/24/05--01012--011 **158.75		
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: 			AKRAM DARWISH 01/05/05 212-751-4565		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE