



**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED

2005 APR -8 PM 2: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97C30002534			
1. Entity Name CLUB 1800, LIMITED			
Principal Place of Business 5401 COLLINS AVENUE, SUITE #1002 MIAMI BEACH FL 33140		Mailing Address C/O NELSON LOPEZ P.O. BOX 11-0267 MIAMI FL 33011	
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 LOPEZ, NELSON 5401 COLLINS AVENUE, SUITE #1002 MIAMI BEACH FL 33140		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.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	
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 #	LOPEZ, NELSON	STREET ADDRESS	
NAME	5401 COLLINS AVENUE, SUITE #1002	CITY-ST-ZIP	
STREET ADDRESS	MIAMI BEACH FL 33140		
CITY-ST-ZIP			
DOCUMENT #	MORALES, LISETTE	STREET ADDRESS	800054040928
NAME	5401 COLLINS AVENUE, SUITE #1002	CITY-ST-ZIP	05/09/05--01018--013 **158.75
STREET ADDRESS	MIAMI BEACH FL 33140		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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)(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: 		3/10/05 (2005) 868-4472	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE