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

SIGNATURE:

FILED May 11, 2005 08:00 AN Secretary of State DOCUMENT # A97000002764 1. Entity Name 45TH STREET PARTNERSHIP, LTD. Principal Place of Business Mailing Address 3111 FORTUNE WAY, SUITE B-18 WEST PALM BEACH FL 33414 3111 FORTUNE WAY, SUITE B-18 WEST PALM BEACH FL 33414 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc., 1ST MOORE CR2E003 (10/04) Applied For City & State City & State 4. FEI Number 65-0808496 Not Applicable 7io Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHAPIRO, STEVEN Street Address (P.O. Box Number is Not Acceptable) 3111 FORTUNE WAY, SUITE B-18 WEST PALM BEACH FL 33414 City 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. SIGNATURE Signature, typed or printed name of registered agent and title & applicable See Block 11 instructions for fee info. DATE Amount of Capital Contributions in FLORIDA to date. 9. Capital Contributions \$440,200,00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. P94000051187 DOCUMENT # STREET ADDRESS NAME SHAPIRO PERTNOY CORP. STREET ADDRESS 3111 FORTUNE WAY, SUITE B-18 City-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL 33414 DOCUMENT# Ü000<u>0</u>0365<u>54</u>1 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS C17+-51-ZIP CATY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP 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 the receiver or trustee empowered a execute this report as required by Chapter 620, Florida Statutes

ATURE AND TYPED OR PROVED NAME OF SIGNING GENERAL PARTNER