



**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000000042</b> 1. Entity Name <b>CARL GOLDMAN LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>3000 ISLAND BOULEVARD, APT 902</b> <b>NORTH MIAMI BEACH, FL 33160</b>			Mailing Address <b>3000 ISLAND BOULEVARD, APT 902</b> <b>NORTH MIAMI BEACH, FL 33160</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0728467</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GOLDMAN, DAVID E</b> <b>20700 WEST DIXIE HWY. #100</b> <b>MIAMI, FL 33180</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$480,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>480,000</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	GOLDMAN, CARL		CITY-ST-ZIP		
CITY-ST-ZIP	3000 ISLAND BOULEVARD, APT 902				
	NORTH MIAMI BEACH, FL 33160				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	GOLDMAN, ROSE		CITY-ST-ZIP		
CITY-ST-ZIP	C/O DAVID GOLDMAN, 20700 W DIXIE HWY #100				
	MIAMI, FL 33180				
DOCUMENT #	NAME		STREET ADDRESS		
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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)(f), 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					
<b>SIGNATURE:</b> <i>Carl Goldman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<b>✓ FEB-10<sup>TH</sup> 2005 - 305-932-62</b> <small>Date Daytime Phone #</small>		

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