

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000000301 1. Entity Name GRATIGNY PARTNERS, LTD.					
Principal Place of Business 14445 N.E. 20TH LANE NORTH MIAMI, FL 33181			Mailing Address 14445 N.E. 20TH LANE NORTH MIAMI, FL 33181		
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				7. Name and Address of New Registered Agent	
NUNEZ, MIKE 14445 N.E. 20TH LANE NORTH MIAMI, FL 33181				Name Street Address (F.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. \$10,000,000.00			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 #	P98000007553		STREET ADDRESS		
NAME	GRATIGNY MANAGERS, INC.		CITY - ST - ZIP		
STREET ADDRESS	14445 N.E. 20TH LANE		CITY - ST - ZIP		
CITY - ST - ZIP	NORTH MIAMI, FL 33181		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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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					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			1/24/05 305 948.1284 <small>LOWYER PHONE #</small>		

STAPLE CHECK HERE

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