


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

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000000425**

1. Entity Name  
**MERRICK PARK ASSOCIATES, LTD.**



Principal Place of Business  
**4565 PONCE DE LEON BLVD., STE. 100**  
**CORAL GABLES, FL 33146**

Mailing Address  
**4565 PONCE DE LEON BLVD., STE. 100**  
**CORAL GABLES, FL 33146**



2. Principal Place of Business  
 Suite, Apt. #, etc. \_\_\_\_\_

3. Mailing Address  
 Suite, Apt. #, etc. \_\_\_\_\_

01042005 Chg-LP CR2E003 (10/03)

City & State \_\_\_\_\_

4. FEI Number  
**65-0813224**

Applied For  
 Not Applicable

Zip \_\_\_\_\_ Country \_\_\_\_\_

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FORBES, JOHN R**  
**4565 PONCE DE LEON BLVD., STE. 100**  
**CORAL GABLES, FL 33146**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$130,000.00**

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 #		STREET ADDRESS	
NAME	<b>4565 ASSOCIATES, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>4565 PONCE DE LEON BLVD., STE. 100</b>		
CITY-ST-ZIP	<b>CORAL GABLES, FL 33146</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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:** \_\_\_\_\_ **1/7/05** **305-446-0849**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE