


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

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000000497	
1. Entity Name RUNNING BROOK ASSOCIATES, LTD.	

Principal Place of Business 1666 KENNEDY CSWY., #505 N. BAY VILLAGE FL 33141	Mailing Address 1666 KENNEDY CSWY., #505 N. BAY VILLAGE FL 33141
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1ST MOORE CR2E003 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0968230	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GREEN, PATRICK K C/O STEARNS, WEAVER, ET AL 150 WEST FLAGLER STREET, SUITE 2200 MIAMI FL 33130	
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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. \$5,364,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$5,364,000
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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 #	P98000013791	STREET ADDRESS	
NAME	LANDMARK IX, INC.	CITY-ST-ZIP	
STREET ADDRESS	1666 KENNEDY CSWY., #505		
CITY-ST-ZIP	N. BAY VILLAGE FL 33141		
DOCUMENT #		STREET ADDRESS	000000267481
NAME		CITY-ST-ZIP	03/18/05-80002-002 526.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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 owner or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.	
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SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FRANCISCO TRIO
V. Pres. of LBS Genl. Partner 2/10/05 (307) 38-9552
EXT. 103

Date Daytime Phone #