
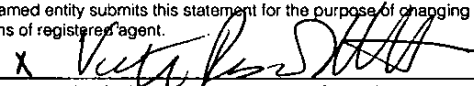
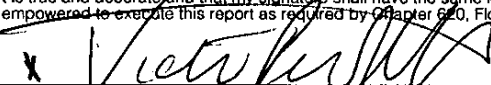


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 18 AM 9:55

DOCUMENT # A98000000573					
1. Entity Name PESCE PROPERTIES, LTD.					
Principal Place of Business 2875 PINE TREE DRIVE MIAMI BEACH, FL 33140			Mailing Address 2875 PINE TREE DRIVE MIAMI BEACH, FL 33140		
2. Principal Place of Business		3. Mailing Address		01052005 Chg-LP CR2E003 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0816107	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PESCE, ELEANOR 19300 N.E. 22ND AVENUE NORTH MIAMI BEACH, FL 33180			7. Name and Address of New Registered Agent Name: VICTORIA P. ELLIOTT Street Address (P.O. Box Number is Not Acceptable) 2875 Pine Tree Dr City: MIAMI BEACH FL Zip Code: 33140		
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: _____					
9. Capital Contributions as Shown on record. \$1,760,000.00		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 #	P98000016264		STREET ADDRESS	2875 PINE TREE DR	
NAME	PESCE FAMILY CORPORATION		CITY-ST-ZIP	MIAMI BEACH, FL 33140	
STREET ADDRESS	19300 NE 22ND AVENUE				
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
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)(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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 			Date _____ Daytime Phone # _____		

STAPLE CHECK HERE