


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

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

DOCUMENT # A9800000590			
1. Entity Name SOUTH FLORIDA FREEZER PARTNERS, LTD.			
Principal Place of Business 2900 N.W. 75TH STREET MIAMI, FL 33147		Mailing Address 231 ELM STREET P.O. BOX 2060 PERTH AMBOY, NJ 08861	
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	
LEVINE, ALLEN M C/O BECKER & POLIAKOFF, P.A. 3111 STIRLING ROAD FORT LAUDERDALE, FL 33312		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. \$2,000,000.00		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 #	P98000020266	STREET ADDRESS	000000367371
NAME	REFRIGERATED FACILITY CORP.	CITY-ST-ZIP	05/16/05-80032-013 526.25
STREET ADDRESS	231 ELM STREET	STREET ADDRESS	
CITY-ST-ZIP	PERTH AMBOY, NJ 08861	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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			
SIGNATURE: _____		Date: 4-8-05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Daytime Phone #</small>	



01282005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0819801 Applied For Not Applicable

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

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