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

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SIGNATURE:

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PED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone ≰

## **FILED** Mar 08, 2005 08:00 AM Secretary of State DOCUMENT # A98000000834 BRITTANY BAY AT ANDROS ISLE, LTD. Principal Place of Business Mailing Address 3111 UNIVERSITY DRIVE, SUITE 610 CORAL SPRINGS FL 33065 3111 UNIVERSITY DRIVE, SUITE 610 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) City & State 4. FEI Number City & State Applied For 65-0828299 Not Applicable Zip Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HODKIN, PETER M ESQUIRE 1 E. BROWARD BLVD., SUITE 1501 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33301 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. TT. FILE NOW!!! Due by May 1, 2005. Signature, typed or printed name of registered agent and title if applicable See Block 11 instructions for fee info. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,500,000.00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT # P97000068649 STHEET ADDRESS ZUCKERMAN HOMES AT ANDROS ISLE, INC. STREET ADDRESS 3111 UNIVERSITY DRIVE, SUITE 610 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 DOCUMENT # L01000021869\_ STREET ADDRESS NAME BANKATLANTIC VENTURE PARTNERS 3, LLC STREET ADDRESS 1750 E. SUNRISE BLVD., THIRD FLOOR UITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33304 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP 14. I hereby certify that the information supplied with the filling toos 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