

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 11 AM 8:35

DOCUMENT # A98000000840

1. Entity Name  
ALAMEDA, LTD.



Principal Place of Business  
200 S BISCAYNE BLVD, #4100  
MIAMI, FL 33131

Mailing Address  
200 S BISCAYNE BLVD, #4100  
MIAMI, FL 33131

2. Principal Place of Business  
1314 E. Las Olas Blvd

3. Mailing Address

Suite, Apt. #, etc.  
Suite # 285

Suite, Apt. #, etc.

City & State  
Fort Lauderdale FL

City & State

Zip  
33301

Country  
U.S.A.

Zip

Country

01052005 Chg-LP CR2E003 (10/03)

4. FEI Number  
65-0833456

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE INTERNATIONAL REGISTERED AGENTS  
200 S BISCAYNE BLVD., SUITE 4100  
MIAMI, FL 33131

Name  
MARIA CLARA GARBATI

Street Address (P.O. Box Number is Not Acceptable)

1314 Las Olas Blvd # 285

City Ft. Lauderdale FL Zip Code 33301

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 Maria Clara Garbati 4.28.05  
Signature, typed or printed name of registered agent and date if applicable. DATE

9. Capital Contributions as Shown on record. \$1,000.00

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

DOCUMENT # P94000090940  
NAME MISTY/INWOOD CORP.  
STREET ADDRESS 1201 S POWERLINE RD., #305  
CITY-ST-ZIP POMPANO BEACH, FL 33069

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1314 E. Las Olas Blvd # 285  
CITY-ST-ZIP Ft. Lauderdale FL 33301

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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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: Maria Clara Garbati 4.28.05 954.6533120  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE Daytime Phone #

STAPLE CHECK HERE