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

STAPLE CHECK HERE

DOCUMENT # A9800000860 1. Entity Name HELD LIMITED PARTNERSHIP					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 MAR -2 AM 10: 55
Principal Place of Business Mailing Address					
7042 MONTRICO DRIVE 3100 N. OCEAN BLVD., BOCA RATON FL 33433 FORT LAUDERDALE FL					
2. Principal Place of Business 3. Mailing Address 3. Mailing Address					
Suite, Apt. #, etc. APT 754 Suite, Apt. #, etc.					1ST MOORE CR2E003 (10/04)
DEERFIELD BEACH FL City & State					4. FEI Number 65-0854190 Applied For Not Applicable
33442	Country VSA	Zip	Coun	try	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
HELD DITH				Name HEL	D, RUTH
HELD, RUTH 7042 MONTRICO DRIVE BOCA RATON FL 33433				Street Address ((P.O. Box Number is Not Acceptable) C COUNTRY CLUB BLUD #754
				City DEER	LFIELD BEACH FL 33442
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. Lam familiarly with and accept the obligations of registered agent.					
	2-10 Hold		su ayem	1- 61	25 11. FILE NOW!!! Due by May 1, 2005:
SIGNATURE Signature, typed or printed name of registered agent and fille if applicable DATE See Block 11 instructions for fee info:					
9. Capital Contributions as Shown on record. \$1,480,000.00 in FLORIDA to date.				outions	
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 / NAME HE	- I			ET ADDRESS 360	DE COUNTRY CLUB BND #754
STREET ADDRESS 7042 MONTRICO DRIVE CITY-ST-ZIP BOCA RATON FL 33433			CITY	-SI-ZIP	ERFIELD BEACH, FL. 32442
DOCUMENT # NAME			STRE	ET ADDRESS	
STREET ADORESS CITY-ST-ZIP				-SI-ZIP	
DOCUMENT / NAME .			STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY	-SI-ZIP	
DOCUMENT / NAME			STRE	ET ADDRESS	100048062861 03/09/0501052012 **535.00
STREET ADDRESS CHY-ST-ZIP			CITY	-SI-ZIP	
DOCUMENT # NAME 1			STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	
DOCUMENT / A NAME			STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP				-SI-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: With HELD, TIEE 2/28/05					