2005 LIMITED PARTNERSHIP ANNUAL REPORT

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May 05, 2005 08:00 AM Secretary of State **Due By May 1, 2005** DOCUMENT # A98000001080 053, LTD. Principal Place of Business Mailing Address 1350 EAST NEWPORT CENTER DRIVE, STE, 206 P.O. BOX 4219 DEERFIELD BEACH, FL 33442-4219 DEERFIELD BEACH, FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt #, etc. 03142005 Chg-LP CR2E003 (10/03) City & State 4. FEI Number Applied For City & State 06-1514268 Not Applicable Zip Country Zin Country \$8.75 Additional \blacktriangledown 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAY, JAMES R ESQ. Street Address (P.O. Box Number is Not Acceptable) KAY LAW OFFICES 700 VILLAGE SQUARE CROSSING., STE 102B PALM BEACH GARDENS, FL 33410 City Zip Code 8. The above named entity submits this statement for the purpose of chariging 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 Signature typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$2,000,000.00 as Shown on record 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. P98000038492 ODCUMENT # STREET ADDRESS NAME 053, INC. STREET ADDRESS 1350 EAST NEWPORT CENTER DRIVE, STE. 206 CITY-ST-7IP CITY-ST-ZIP DEERFIELD BEACH, FL 33442 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME CIRECT ADDRESS CITY-SI-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-SI-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes 1 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

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