


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

526.25

FILED

**Apr 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # A98000001104					
1. Entity Name GRANADA SHOPPES ASSOCIATES, LTD.					
Principal Place of Business 703 WATERFORD WAY STE. 800 MIAMI FL 33126			Mailing Address 703 WATERFORD WAY STE. 800 MIAMI FL 33126		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0838610	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PITTS, W. DOUGLAS 703 WATERFORD WAY, STE. 800 MIAMI FL 33126			7. Name and Address of New Registered Agent		
			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		\$100,000.00		10. Amount of Capital Contributions in FLORIDA to date.	



1ST MOORE CR2E003 (10/04)

FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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 #	P96000034735	STREET ADDRESS	
NAME	NEWCASTER DEVCORP, INC.	CITY- ST- ZIP	
STREET ADDRESS	703 WATERFORD WAY, STE. 800		
CITY- ST- ZIP	MIAMI FL 33126		
DOCUMENT #	P97000105596	STREET ADDRESS	000000331640
NAME	OBP 1 CORPORATION	CITY- ST- ZIP	04/26/05-80026-003 526.25
STREET ADDRESS	703 WATERFORD WAY, STE. 800		
CITY- ST- ZIP	MIAMI FL 33126		
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			

STAPLE CHECK HERE

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

[Signature]
Signature and Typed or Printed Name of Signing General Partner
Douglas H. Pitts

4/4/5 305-261-1330
Date Daytime Phone