
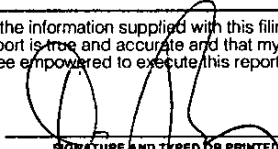


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED  
Apr 22, 2005 8:00 am  
Secretary of State**

<b>DOCUMENT # A98000001276</b>					
1. Entity Name <b>GABLES ON THE GREEN LIMITED GROUP</b>					
Principal Place of Business <b>550 BILTMORE WAY SUITE 740 CORAL GABLES, FL 33134</b>			Mailing Address <b>550 BILTMORE WAY SUITE 740 CORAL GABLES, FL 33134</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03152005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number <b>65-0843157</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MARTIN, PEDRO A ESQ. C/O GREENBERG, TRAUIG, ET AL 1221 BRICKELL AVENUE MIAMI, FL 33131</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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. <b>\$3,300,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>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.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P96000079760		STREET ADDRESS		
NAME	GABLES ON THE GREEN HOLDINGS, INC.		CITY-ST-ZIP		
STREET ADDRESS	550 BILTMORE WAY				
CITY-ST-ZIP	CORAL GABLES, FL 33134				
DOCUMENT #			STREET ADDRESS	<b>400054039814</b>	
NAME			CITY-ST-ZIP	<b>05/09/05--01019--001 **526.25</b>	
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STREET ADDRESS					
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					
<b>SIGNATURE:</b> 		<b>Oscar Roger, GP</b>		<b>3/30/05</b>	
				<b>305 448-4091</b>	
		<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>	

STAPLE CHECK HERE