


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

<b>DOCUMENT # A98000001500</b> 1. Entity Name <b>GOLDBLOOM FAMILY, LTD.</b>	
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Principal Place of Business <b>201 ALHAMBRA CIRCLE, SUITE 514 CORAL GABLES FL 33134</b>	Mailing Address <b>201 ALHAMBRA CIRCLE, SUITE 514 CORAL GABLES FL 33134</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

*gs*



1ST MOORE CR2E003 (10/04)

4. FEI Number <b>65-0868424</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  <b>GOLDBLOOM, GARY 201 ALHAMBRA CIRCLE, SUITE 514 CORAL GABLES-FL-33134</b>
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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>\$833,300.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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<b>11. FILE NOW!!! Due by May 1, 2005.</b> See Block 11 instructions for fee info.
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**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 #	<b>P98000054663</b>
NAME	<b>GOLDBLOOM FAMILY, INC.</b>
STREET ADDRESS	<b>201 ALHAMBRA CIRCLE, SUITE 514</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>600050092166</b>
CITY-ST-ZIP	<b>0470705--01004--007 **526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  <b>GEORGE GOLDBLOOM</b>	<b>23 MAR 05</b> <b>305/446-8188</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date Daytime Phone #</small>