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SIGNATURE: By:

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005 とにとし SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A98000001627** 1. Entity Name QUAYSIDE PLACE PARTNERS, LLLP 05 MAY 11 AM 8: 48 Principal Place of Business Mailing Address 101 MARIETTA ST. NW 101 MARIETTA ST. NW SUITE 3600 SUITE 3600 ATLANTA, GA 30303 ATLANTA, GA 30303 3. Mailing Address SAME Suite Ant # etc 09092004 CR2E003 (10/03) Chg-LP City & State 4. FEI Number Applied For 65-0849503 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LNR QUAYSIDE PLACE HOLDINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 1601 WASHINGTON AVE., 8TH FL MIAMI BEACH, FL 33139 City Zip Code FL 6. 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, typed or printed name of registered agent and tale if applicable. DATE In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. 9. Capital Contributions 10. Amount of Capital Contributions \$4,950,000.00 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. DOCUMENT # P98000038978 STREET ADDRESS LNR QUAYSIDE PLACE HOLDINGS, INC. NAME 101 MARITTA STREET, SUITE 3650 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA, GA 30303 DOCUMENT (STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME - 50005591305! 06/08/05--01064--021 *** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS

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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

(305) 695-5500.

Daytime Phone #

LNR Quayside Place Holdings, Inc., managing member Car

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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