2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE:

## DOCUMENT # A98000001726 FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS WESTON OFFICE PROPERTIES, LTD. 05 MAR 24 AM 8: 57 Principal Place of Business Mailing Address 2600 GLADES CIRCLE, SUITE 100 C/O JEROME STERN 1920 E. HALLANDALE BEACH BLVD., STE. 906 WESTON, FL 33327 HALLANDALE, FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02252005 Chg-LP CR2E003 (10/03) Applied For City & State City & State 4. FEI Number 65-0850589 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KORN; GARY A 20801 BISCAYNE BLVD., SUITE 501 Street Address (P.O. Box Number is Not Acceptable) AVENTURA, FL 33180 City 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 Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions \$540,000.00 in FLORIDA to date. as Shown on record. 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 12, ADDRESS CHANGES ONLY P97000087512 DOCUMENT # STREET ADDRESS WESTON CENTER, INC. NAME STREET ADDRESS 2600 GLADES CIRCLE, SUITE 100 CTTY-ST-ZIP CITY-ST-ZIP WESTON, FL 33327 <del>490049556274</del> 03/31/05--01007--032 \*\*526,25 P98000057346 DOCUMENT # STREET ADDRESS NAME A&J WESTON OFFICE GP. INC. 1920 E. HALLANDALE BEACH BLVD., STE. 906 STREET ADDRESS CITY-ST-7IP CITY-ST-7IP HALLANDALE, Fl. 33009 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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