

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

\$ 526.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -8 AM 10:57

DOCUMENT # A98000001747					
1. Entity Name MIZNER TRAIL GOLF CLUB, LTD.					
Principal Place of Business 22689 CAMINO DEL MAR BOCA RATON, FL 33433			Mailing Address 22689 CAMINO DEL MAR BOCA RATON, FL 33433		
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 65-0850790	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BLISS, PHILIP E 22689 CAMINO DEL MAR BOCA RATON, FL 33433			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 7/7/05					
Signature, typed or printed name of registered agent and title if applicable.					
9. Capital Contributions as Shown on record. \$2,908,010.00		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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 #	NAME		STREET ADDRESS		
NAME	COMPSON MIZNER TRAIL, INC.		CITY-ST-ZIP		
STREET ADDRESS	980 NORTH FEDERAL HIGHWAY SUITE 400				
CITY-ST-ZIP	BOCA RATON, FL 33432				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	MIZNER TRAIL GOLF CLUB, INC.		CITY-ST-ZIP		
STREET ADDRESS	22689 CAMINO DEL MAR				
CITY-ST-ZIP	BOCA RATON, FL 33433				
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP	300058536859	
STREET ADDRESS				08/12/05--01055--016 **676.25	
CITY-ST-ZIP					
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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					
SIGNATURE: _____ DATE 7/7/05 961-750-0987					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE