

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED

2005 APR 26 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A98000001763	
1. Entity Name BANYAN TREE ESTATES, LTD.	



Principal Place of Business 186 SPYGLASS LANE JUPITER, FL 33477	Mailing Address C/O MAHONEY COHEN <del>1101 BRICKELL AVE., #1402</del> MIAMI, FL 33131
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04122005 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FRIEDLAND, JACK 186 SPYGLASS LANE JUPITER, FL 33477		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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000065116	STREET ADDRESS	
NAME	SHALMAR, INC.	CITY-ST-ZIP	900054342709 05/12/05--01077--011 **141.25
STREET ADDRESS	186 SPYGLASS LANE		
CITY-ST-ZIP	JUPITER, FL 33477		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: P 4/15/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

STAPLE CHECK HERE