


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000001928 1. Entity Name 625 CREST LIMITED					
Principal Place of Business 777 S. FLAGLER DRIVE, SUITE 500E WEST PALM BEACH, FL 33401			Mailing Address 777 S. FLAGLER DRIVE, SUITE 500E WEST PALM BEACH, FL 33401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01212005 Chg-LP CR2E003 (10/03)	
4. FEI Number 65-0858590				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VALDES-FAULI CORPORATE SERVICES, INC. 777 S. FLAGLER DRIVE, SUITE 500E WEST PALM BEACH, FL 33401			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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. \$3,200,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$3,200,000.00			
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 #	P98000070537		STREET ADDRESS		
NAME	WILD PARROTS, INC.		CITY-ST-ZIP		
STREET ADDRESS	777 S. FLAGLER DRIVE, SUITE 500E		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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CITY-ST-ZIP			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: <i>Lili Monell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			1/26/05 541-835-6062 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE

Lili Monell, President of General Partner