

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED

05 APR 19 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01112005 Chg-LP CR2E003 (10/03)

4. FEI Number **65-0858003** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

GREEN, PATRICIA K  
2200 MUSEUM TOWER  
150 WEST FLAGLER STREET  
MIAMI, FL 33130

**7. Name and Address of New Registered Agent**

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. **\$2,041,256.00** 10. Amount of Capital Contributions in FLORIDA to date. **1733958**

**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 #	A98000000991	STREET ADDRESS	1900 Biscayne Blvd. suite 262
NAME	CASTLE ONE, LTD.	CITY-ST-ZIP	N. Miami, FL 33181
STREET ADDRESS	12550 BISCAYNE BLVD., SUITE 215		
CITY-ST-ZIP	NORTH MIAMI, FL 33181		
DOCUMENT #	F00000000590	STREET ADDRESS	700054307347
NAME	YESTERDAY, TODAY, TOMORROW, INC.	CITY-ST-ZIP	05/12/05--01008--007 **278.20
STREET ADDRESS	6670 LAREDO STREET		
CITY-ST-ZIP	LAKE CHARLES, LA 70607		
DOCUMENT #		STREET ADDRESS	700054307347
NAME		CITY-ST-ZIP	05/12/05--01008--008 **256.80
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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: [Signature] 4/6/05 305891333/   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE