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

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A98000002448 05 FEB -8 PM 12: 33 ARBÓR LAKES, LTD. Principal Place of Business Mailing Address 1515 S. FEDERAL HWY 1515 S. FEDERAL HWY STE. 300 STE. 300 BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072005 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 65-0871195 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEUTCH, JEFFREY A Street Address (P.O. Box Number is Not Acceptable) C/O BROAD & CASSEL 7777 GLADES ROAD, SUITE 300 BOCA RATON, FL 33434 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 utle if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$3,700,000.00 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION DOCUMENT (STREET ADDRESS ALTMAN DEVELOPMENT CORPORATION NAME 2201 CORPROATE BLVD., N.W., SUITE 200 STREET ADORESS CITY-ST-2IP CITY-ST-ZIP BOCA RATON, FL 33431 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 400046659114 CITY-ST-ZIP CITY-ST-ZIP 02/15/05--01058--009 **526 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS 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 poort as required by Chapter 620, Florida Statutes SIGNATURE: BY Daytime Phone #