


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # A98000002775</b> 1. Entity Name <b>FIRTH PROPERTIES, LTD.</b>	
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Principal Place of Business <b>1201 SOUTH OCEAN BOULEVARD, SUITE #4 POMPANO BEACH FL 33062</b>	Mailing Address <b>1201 SOUTH OCEAN BOULEVARD, SUITE #4 POMPANO BEACH FL 33062</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 11006</b> Suite, Apt. #, etc.
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City & State <b>FORT LAUDERDALE, FL</b>	City & State <b>FORT LAUDERDALE, FL</b>
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Zip <b>33339</b>	Country <b>BROWARD</b>
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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<b>FIRTH, MALCOLM 1201 SOUTH OCEAN BOULEVARD, SUITE #4 POMPANO BEACH FL 33062</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> 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. <b>\$4,625,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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11. FILE NOW!!! Due by May 1, 2005.  
See Block 11 instructions for fee info.

**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 # <b>414612</b>	NAME <b>SOUTH FLORIDA DEVELOPMENT CORP.</b>	STREET ADDRESS	
STREET ADDRESS <b>1201 SOUTH OCEAN BOULEVARD, SUITE #4</b>	CITY-ST-ZIP <b>POMPANO BEACH FL 33062</b>	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	<b>900054040349</b>
STREET ADDRESS		CITY-ST-ZIP	<b>05/09/05--01019--012 **526.25</b>
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
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STREET ADDRESS		CITY-ST-ZIP	
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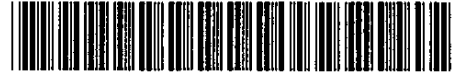
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made 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:** *Molly L. Firth* **2/17/05** **954-942-2759**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED

2005 APR 11 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1ST MOORE CR2E003 (10/04)