

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

DOCUMENT # A98000002787

1. Entity Name

28 PARTNERS, LTD.



Principal Place of Business

**1111 LINCOLN ROAD, #400
MIAMI BEACH FL 33139**

Mailing Address

**1111 LINCOLN ROAD, #400
MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0882775

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOWARD, EUGENE J
1111 LINCOLN ROAD, #400
MIAMI BEACH FL 33139**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.**

9. Capital Contributions
as Shown on record.

\$9,900.00

10. Amount of Capital Contributions
in FLORIDA to date.

**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 # **P98000073730**
NAME **FLAGLER 28, INC.**
STREET ADDRESS **1111 LINCOLN ROAD, #400**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

STREET ADDRESS

CITY-ST-ZIP

900054350209

05/13/05--01004--016 **166.80

DOCUMENT #
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/18/05 (305) 538-1636

FILED
2005 APR 26 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1ST MOORE

CR2E003 (10/04)

STAPLE CHECK HERE