


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000002856	
1. Entity Name OCALA TROPHY, LTD.	

Principal Place of Business 3483 W. WOOLBRIGHT RD BOYNTON BEACH, FL 33436	Mailing Address 3483 W. WOOLBRIGHT RD BOYNTON BEACH, FL 33436
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04222005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0882273	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent STERN, HAROLD S 3483 W. WOOLBRIGHT RD BOYNTON BEACH, FL 33436
--

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. \$3,000,000.00	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 #	P97000071864	STREET ADDRESS	
NAME	OCALA 200, INC.	CITY-ST-ZIP	
STREET ADDRESS	5801 N. CONGRESS AVENUE		
CITY-ST-ZIP	BOCA RATON, FL 33487		
DOCUMENT #	P02000073166	STREET ADDRESS	
NAME	NEW MILLENNIUM OPERATING CORP.	CITY-ST-ZIP	
STREET ADDRESS	3483 W. WOODBRIGHT RD		
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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			

1100000300075
05/16/05-80010-008 526.25

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: *Leonard E. Greenberg* **Leonard E. Greenberg** 4/23/05 561-737-5825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Day/Date Phone #

STAPLE CHECK HERE