2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

	DOCUMENT # A9900000308 1. Entity Name SOUTHERN CENTERS AT FEDERAL, LTD.							İ	ŗ	ILEL	,
						!			2005 APR	20 A	M 8: 2 2
	Principal Place of Business 1500 CORDOVA ROAD, #310			15	Mailing Address 1500 CORDOVA ROAD, #310				SECRE (A	ARY ÖF SSEE,	STATE FLORIDA
	FORT LAUDE	RDALE, FL	33316	FC	ORT LAUDERDALE, FL	. 33316	i			1	81 AR ENN AUG B 172
	2. Principal Place of Business				3. Mailing Address						
•	Suite, Apt. #, etc.			S	Suite, Apt. #, etc.			02142005	Chg-LP	CR2EC	003 (10/03)
	City & State			City & State				4. FEI Number 65-0890			Applied For Not Applicable
	Zip Country				Sip	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent				
ļ	6. Name and Address of Current Registered Agent						Name	7. Name and	Address of New F	legistered .	Agent
	SOUTHERN CENTERS DEVELOPMENT CORP. 1500 CORDOVA ROAD, #310 FORT LAUDERDALE, FL 33316						Street Address (P.O. Box Number is Not Acceptable)				
	, , , , , , , , , , , , , , , , , , , ,						City			FL	Zip Code
	The above named entity submits this statement for the purpose of changing its re-					register	<u></u>	red agent, or both	n, in the State of Flo		familiar with, and accept
	the obligations of registered agent.										
	SIGNATURE Signature, typed or printed name of registered agent and title if applicable.										
	9. Capital Contributions as Shown on record. \$20,000.00 10. Amount of Capital Contributions in FLORIDA to date. 20,000.										
	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 # NAME	SOUTHERN CENTERS DEVE			LOPMENT CORP.		EET ADDRESS	***************************************			
	STREET ADDRESS CITY-ST-ZIP	i e	ORDOVA ROAD, #310 AUDERDALE, FL 333	■ Cli			(-ST-ZIP				<u> </u>
	NAME STREET ADDRESS					STR	EET ADORESS		=		
Г	CTTY-ST-ZIP	rty-st-zp				CITY	(-ST-ZIP				
	DOCUMENT # NAME STREET ADDRESS						EET ADORESS	- -	unasa	Par	229
	CITY-ST-ZIP					СП	/-ST-ZIP	05/1	1/050104	3020	289) **228.75
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CHECK HERE	DOCUMENT # NAME STREET ADDRESS					STR	EET ADORESS				· · · · · · · · · · · · · · · · · · ·
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STAPLE	NAME STREET ADDRESS	ME					EET ADORESS	· · · · · · · · · · · · · · · · · · ·			
	CITY=ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the						r-ST-ZIP emption stated in Se	ection 119.07(3)(i), Florida Statules.	I further ce	rtify 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										
1	SIGNAT	URE:	SIGNATURE AND TYPE	O OR PRINTE	D MAME OF SIGNING GENER	IAL PARTIX	ER		4/16/20		23-4008 Daytome Phone #
	BIGNATINGS AND TYPED ON PRINTED MANS OF SIGNING GENERAL PARTINER 1026 7 Deytime Priore # RANDALL KELLA-										