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

## **FILED** Apr 30, 2005 08:00 AM Secretary of State **DOCUMENT # A99000000347** LARA DESIGN ROW III, LTD. Mailing Address Principal Place of Business \_ 2900 UNIVERSITY DRIVE 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01202005 Chg-LP CR2E003 (10/03) 4. FEI Number Applied For City & State City & State 65-0921346 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name INTRA REALTY, INC. Street Address (P.O. Box Number is Not Acceptable) 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 Zip Code FL 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, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions \$7,500.00 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. 636619 DOCUMENT # STREET ADDRESS NAME INTRA REALTY, INC. STREET ADDRESS 2900 UNIVERSITY DRIVE CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS, FL 33065 DOCUMENT ( STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS <u>U00000347477</u> 04/30/05-80116-015 150.00 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 CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

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SIGNATURE AND TYPE

14. I hereby certify that the Information supplied with this filling 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 George Rahael

President

ED NAME OF SIGNING GENERAL PARTNER

4/15/05

954-753-9500

Date

Daytime Phone #