2005 LIMITED PARTNERSHIP ANNUAL REPORT

MAT CICERO

Due By May 1, 2005					Apr 30, 2005 08:00 A  Secretary of State	
DOCUMENT # A9900000592  1. Entity Name LITTLE RIVER DEVELOPMENT LTD.					Secretary of Stat	
Principal Place of Business 406 N.W. 85TH ST. RD. MIAMI, FL 33150 US		Mailing Address 4595 NW 37TH COURT MIAMI, FL 33142 US				
2. Principal P	lace of Business	-3. Mailing Address				
Suite, Apt #. etc		Suite, Apt #, etc.			01062005 Chg-LP CR2E003 (10/03)	
City & State		City & State			4. FEI Number   Applied For 65-0909528   Not Applied	
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired  \$8.75 Additional Fee Required	
	6. Name and Address of Curr	ent Registered Agent		Name	7. Name and Address of New Registered Agent	
100 SE 2N SUITE 290				Street Address (	(P.O. Box Number is Not Acceptable)	
MIAMI, FL	33131		,	City	FL Zip Code	
8. The above the obligat	named entity submits this statement ions of registered agent.	nt for the purpose of changir	ig its register	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and acce	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable			DATE	
9. Capital Co as Shown	ntributions esan non an	10. Amount of C in FLORIDA		butions	\$ 526.25	
	NOTE: General Partners	MAY NOT be changed	S ENTITY M on the form	IUST BE REGIST n; an amendmen	TERED AND ACTIVE WITH THIS OFFICE. nt must be filed to change a general partner.	
12. DOCUMENT ≠	GENERAL PART P99000032563	NER INFORMATION	13.		ADDRESS CHANGES ONLY	
NAME STRLET ADDRESS	NEW CONVERSION INC. 4595 NW 37TH COURT	•		EET ADORESS		
DOCUMENT #	MIAMI, FL 33142	-		EET ADDRESS		
NAME STREET ADDRESS CITY ST ZIP	<b>-</b> -			-ST-ZIP	000000345348 04730705-80032-008 526.25	
UOCUMENT #		·→±	STRI	EET ADDRESS		
STREET ADDRESS CITY+ST-ZIP			CITY	-ST-ZIP		
DOCUMENT # NAME		· · · · · · · · · · · · · · · · · · ·	STRE	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			СіТУ	-ST-ZIP		
DOCUMENT # NAME		•	STRE	EET ADDRESS		
STREET ADDRESS CITY ST-ZIP		<del>-</del>	CITY	ST-ZIP		
DOCUMENT *  NAME  STREET ADDRESS		-		EET ADDRESS		
CITY ST ZIP	certify that the information supplied ton this report is true and accurate ver or trustee empowered to execut	and that my signature shall I	lify for the exe have the sam	e legal effect as if n	ection 119.07(3)(I), Florida Statutes I further certify that the information made under oath, that I am a General Partner of the limited partnership	
the recen	4	e una report as regimes by t	Chapter UZU,	, when plantes	4/6/05 305.637-3699	
JIGITA	SIGNATURE AND TYPE	D OR PRINTED NAME OF SIGNING C	GENERAL PARTN	ER	Date Daytime Prione #	