


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

**FILED**  
**Jan 25, 2005 08:00 AM**  
**Secretary of State**

|   |  |   |
|---|--|---|
| <b>DOCUMENT # A99000000961</b>                    |  |  |
| 1. Entity Name<br><b>NILOFF PARTNERSHIP, LTD.</b> |  |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>3170 SOUTH OCEAN BLVD., #406-N<br/>PALM BEACH FL 33480</b> | Mailing Address<br><b>3170 SOUTH OCEAN BLVD., #406-N<br/>PALM BEACH FL 33480</b> |
|--|--|

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



1ST MOORE CR2E003 (10/04)

|   |   |   |
|---|---|---|
| 4. FEI Number<br><b>65-0930981</b>  |   | Applied For<br><input type="checkbox"/> Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | <b>\$8.75</b> Additional Fee Required   |
| 6. Name and Address of Current Registered Agent<br><br><b>NILOFF, PAUL H<br/>3170 SOUTH OCEAN BLVD.<br/>#406-N<br/>PALM BEACH FL 33480</b>  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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. |   | 11. FILE NOW!!! Due by May 1, 2005.<br>See Block 11 instructions for fee info.  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |   | DATE _____  |
| 9. Capital Contributions as Shown on record. <b>\$1,354,000.00</b>  | 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 #                      | NAME   | STREET ADDRESS           |  |
| STREET ADDRESS                  | NILOFF, PAUL H                                       | CITY-ST-ZIP              |  |
| CITY-ST-ZIP                     | 3170 SOUTH OCEAN BLVD. #406-N<br>PALM BEACH FL 33480 |                          |  |
| DOCUMENT #                      | NAME   | STREET ADDRESS           |  |
| STREET ADDRESS                  | NILOFF, MADELAINE H                                  | CITY-ST-ZIP              |  |
| CITY-ST-ZIP                     | 3170 SOUTH OCEAN BLVD. #406-N<br>PALM BEACH FL 33480 |                          |  |
| DOCUMENT #                      | NAME   | STREET ADDRESS           |  |
| STREET ADDRESS                  |  | CITY-ST-ZIP              |  |
| CITY-ST-ZIP                     |  |                          |  |
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| STREET ADDRESS                  |  | CITY-ST-ZIP              |  |
| CITY-ST-ZIP                     |  |                          |  |
| DOCUMENT #                      | NAME   | STREET ADDRESS           |  |
| STREET ADDRESS                  |  | CITY-ST-ZIP              |  |
| CITY-ST-ZIP                     |  |                          |  |

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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:** PAUL H. NILOFF MD **JAN. 20, 2005** (561) 585-8177