


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

**FILED**  
**Feb 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000001595</b>	
1. Entity Name <b>MARVIN ROSS FRIEDMAN FAMILY LIMITED PARTNERSHIP</b>	

Principal Place of Business <b>2600 DOUGLAS ROAD, SUITE 1011 CORAL GABLES FL 33134</b>	Mailing Address <b>2600 DOUGLAS ROAD, SUITE 1011 CORAL GABLES FL 33134</b>
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2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
City & State	City & State
Zip	Country



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent <b>SINGER, MICHAEL S ESQ. 3801 PGA BLVD., STE. 802 PALM BEACH FL 33410</b>	
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4. FEI Number <b>65-0930971</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
9. Capital Contributions as Shown on record. <b>\$4,950,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.

11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
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**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	
DOCUMENT #	FRIEDMAN, MARVIN ROSS
NAME	2600 DOUGLAS ROAD, SUITE 1011
STREET ADDRESS	CORAL GABLES FL 33134
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

02/08/05-80054-017 535.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/9/05 305-446-6485  
Date Daytime Phone #