



2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000001601 1. Entity Name TWENTIETH LANE PROPERTIES, LTD.					
Principal Place of Business C/O ABC DISTRIBUTING, INC. 14445 N.E. 20TH LANE NORTH MIAMI, FL 33181-1411			Mailing Address C/O ABC DISTRIBUTING, INC. 14445 N.E. 20TH LANE NORTH MIAMI, FL 33181-1411		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01032005 Chg-LP CR2E003 (10/03)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0017933				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent NUNEZ, MIKE C/O ABC DISTRIBUTING, INC. 14445 N.E. 20TH LANE NORTH MIAMI, FL 33181-1141	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable</small>	
9. Capital Contributions as Shown on record. \$2,500,000.00		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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P97000051960 TWENTIETH LANE PROPERTIES, INC. 14445 N.E. 20TH LANE MIAMI, FL 33181		STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 5px; text-align: center;"> 0000001234297 02/22/05-80037-024 526.25 </div>	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: 1/24/05 (305) 948-1284 <small>Daytime Phone #</small>		

STAPLE CHECK HERE