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

SIGNATURE:

## Apr 27, 2005 08:00 AM Secretary of State DOCUMENT # A9900001690 1. Entity Name BLANCK TRUST LIMITED PARTNERSHIP LLLP Principal Place of Business Mailing Address 5730.6.W. 74TH STREET, SUITE 700 5730 S.W. 74TH STREET, SUITE 700 MIAM FL 33143 MIAMI FL 33143 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (10/04) City & State City & State 4. FEI Number Applied For 65-0991690 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLANCK, ROBERT W ESQ. Street Address (P.O. Box Number is Not Acceptable) 5730 S.W. 74TH STREET, SUITE 700 MIAMI FL 33143 City 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. 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE Signature, typed or primed name of registered agent and title if applicable See Block 11 instructions for fee info. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,980,000.00 as Shown on record 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # P99000046786 STREET ADDRESS BLANCK TRUST CORPORATION NAME STREET ADDRESS 5730 S.W. 74TH STREET, SUITE 700 CITY-ST-ZIP CITY ST-71P MIAMI FL 33143 DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIF... CITY-ST- DP 100000335704 DOCUMENT # 04/27/05-80092-009 526.25 STREET ADDRESS NAME STREET ADDRESS CITY ST-78 CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS C) 17 - ST - 73P CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY -ST-7IP City-St-ZiP STAPLE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-70 CITY-ST-ZIP . 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119,07(3)(1), Florida Statutes. (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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

LPARTNER

**FILED** 

Daytime Phone #