


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

DOCUMENT # A99000001717	
1. Entity Name CAMEO APARTMENTS, LTD.	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 31 AM 9:40

Principal Place of Business 1623 COLLINS AVE., #909 MIAMI BEACH FL 33139	Mailing Address PO BOX 190924 MIAMI BEACH FL 33119-0924
--	---

2. Principal Place of Business PO Box 190924	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami Beach, FL	City & State
Zip 33119 Country USA	Zip Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 65-0955460		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <del>BENNETT, JOSH NESQ.</del> <del>1623 COLLINS AVE., #909</del> <del>MIAMI BEACH FL 33139</del>		
7. Name and Address of New Registered Agent Name VIRGINIA DOMINGUEZ Street Address (P.O. Box Number is Not Acceptable) 1413 N Venetian Way City Miami FL Zip Code 33139		

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 See Block 11 instructions for fee info.
SIGNATURE <u>Virginia Dominguez</u> DATE <u>Jan 27/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>		
9. Capital Contributions as Shown on record. \$50,000.00	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 #	L99000006882	STREET ADDRESS	1413 N. Venetian Way
NAME	TROPICAL KEY PALMS, LC	CITY-ST-ZIP	Miami, FL. 33139
STREET ADDRESS	<del>1623 COLLINS AVE., #909</del>		
CITY-ST-ZIP	<del>MIAMI BEACH FL 33139</del>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

000046085430  
02/07/05--01032--016 \*\*\*438.75

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: Virginia Dominguez DATE Jan 27/2005 (305) 374-0607  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

STAPLE CHECK HERE