2005 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2005 Jan 20, 2005 08:00 AM DOCUMENT # A99000001812 **Secretary of State** MIRIÁM REALTY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 190 WESTWARD DR., STE. A 190 WESTWARD DR., STE. A MIAMI SPRINGS, FL 33166 MIAMI SPRINGS, FL 33166 2. Principal Place of Business. 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132005 Chg-LP CR2E003 (10/03) Applied For City & State City & State 4. FEI Number 65-0957677 Not Applicable Country \$8.75 Additional Zip Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARRERO, MIRIAM C Street Address (P.O. Box Number is Not Acceptable) 550 S.E. 1ST STREET HIALEAH, FL 33010 Zip Code City 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 Signature, typod or printed name of registered agent and title if applicable in the state of the st DATE 10. Amount of Capital Contributions 9. Capital Contributions \$0.00 in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. DOCUMENT # STREET ADDRESS MARRERO, MIRIAM C NAME STREET ADDRESS 550 S.E. 1ST STREET CITY-ST-Z/P CITY-ST-ZIP HIALEAH, FL DOCUMENT # STREET ADDRESS NAME 1100000195130 STREET ADDRESS 01/21/05-80002-020 141.25 AITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS CHECK STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CRY-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)(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: