


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

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B00000000212</b>	
<b>1. Entity Name</b> PHILIPS LAKE WORTH LP	

<b>Principal Place of Business</b> 295 MADISON AVE, 2ND FLOOR NEW YORK NY 10017	<b>Mailing Address</b> 295 MADISON AVE, 2ND FLOOR NEW YORK NY 10017
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
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<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
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1ST MOORE CR2E003 (10/04)

<b>6. Name and Address of Current Registered Agent</b>  EISENSTADT, DAVID 419 WEST 49TH STREET, STE 300 HIALEAH FL 33012	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable

**11. FILE NOW!!! Due by May 1, 2005.**  
**See Block 11 instructions for fee info.**

**9. Capital Contributions as Shown on record.** \$0.00 **10. Amount of Capital Contributions in FLORIDA to date**

141.25

**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	
<b>DOCUMENT #</b>	F01000003034	<b>STREET ADDRESS</b>	
<b>NAME</b>	PL LAKE WORTH CORP.	<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>	295 MADISON AVE, 2ND FLOOR		
<b>CITY - ST - ZIP</b>	NEW YORK NY 10017		
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	000000363985
<b>NAME</b>		<b>CITY - ST - ZIP</b>	05/06/05-80022-012 141.25
<b>STREET ADDRESS</b>			
<b>CITY - ST - ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY - ST - ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY - ST - ZIP</b>	
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<b>CITY - ST - ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY - ST - ZIP</b>			

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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes**

**SIGNATURE:** *Michael P. Ragotzke* **DATE:** 4/12/05 **DAYTIME PHONE #:** 212 951 3808  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER