

**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005**

FILED
May 24, 2005 08:00 AM
Secretary of State

DOCUMENT # B00000000309 1. Entity Name PRINCIPAL MANAGEMENT PARTNERS, L.P.					
Principal Place of Business C/O GREENBERG TRAUIG, P.A. 777 SOUTH FLAGLER DRIVE, SUITE 300-E WEST PALM BEACH, FL 33401			Mailing Address C/O GREENBERG TRAUIG, P.A. 777 SOUTH FLAGLER DRIVE, SUITE 300-E WEST PALM BEACH, FL 33401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
				05052005 Chg-LP CR2E003 (10/03)	
				4. FEI Number 06-1558961	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				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. \$2,970.00		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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 #	F00000005600			STREET ADDRESS	
NAME	PRINCIPAL MANAGEMENT PARTNERS GP, INC.			CITY-ST-ZIP	
STREET ADDRESS	777 SOUTH FLAGLER DRIVE, SUITE 300-E				
CITY-ST-ZIP	WEST PALM BEACH, FL 33401				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
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 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 _____ Daytime Phone # _____					

SAMPLE USE ONLY HERE

Principal Management Partners

Joan Schlesinger Director