2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

рие ву ма	ay 1, 2005		-	FILED			
DOCUMENT # B0100000395 1. Entity Name THE RIZZI MANAGAMENT GROUP OF SOUTHERN FLORIDA LIMITED PARTNERSHIP			DIVISIO	RETARY OF ON OF CORE	PORATION	\$	
15 EAST NORTH ST	Mailing Address 15 EAST NORTH ST DOVER, DE 19901		B	IAN 18 AM	1 3. 24		
Stille, Apt. #, etc. # 2	Mailing Address MALKE Suite, Apt#, etc.	R ROAO	01112005	Chg-LP	CR2E003		
Suite C	City & State		4. FEI Number			Applied For	
Dover, De	DOVER, D	C .	65-10098 5. Certificate of			Not Applicable 75 Additional	
6. Name and Address of Current Reg	istered Agent			ddress of New R	Fee	Required	
PROBST, DANIEL J	Name	Name					
3300 PGA BLVD SUITE 500 PALM BEACH GARDENS, FL 33410 8. The above named entity submits this statement for the purpose of changing its regist		Street Address	Street Address (P.O. Box Number is Not Acceptable)				
		0.1				T- Code	
		City		S- st- 02-44 51-		Zip Code	
the obligations of registered agent.	e purpose or changing its regis	stered onice or registe	red agent, or both,	in the State of Fio	nda. Tami	liar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and to	de if applicable.		<u>.</u>		DATE		
9. Capital Contributions as Shown on record. \$825,000.00	ntributions						
A GENERAL PARTNER THA NOTE: General Partners MAY N						:r.	
12. GENERAL PARTNER INFORMATION 13.				ADDRESS CHA			
NAME THE RIZZI MANAGEMENT GROUP, LLC STREET ADDRESS 14444 ROXWOOD DR		STREET ADDRESS CITY-ST-ZIP					
DOCUMENT #		STREET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP					
DOCUMENT #		STREET ADDRESS					
STREET ADDRESS City-St-zip		CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·	
DOCUMENT # NAME		STREÈT ADDRESS	, .				
STREET ADDRESS CITY-ST-ZIP DOCUMENT 4		CITY-ST-ZIP	4.01		S146		
DOCUMENT #		STREET ADDRESS	01/28/0	<u>00455</u>)501009-	-021 **	×526.25	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		_			
DOCUMENT # NAME		STREET ADDRESS	4				
STREAT ADDRESS CITY-ȘT-ZIP	· !	CITY-ST-ZIP					
14. Thereby certify that the information supplied with this indicated on this report is true and accurate and that the receiver or trustee empowered to execute this residual to the supplied	t my signature shall have the s flort as required by Chapter 6	exemption stated in S same legal effect as if 20, Florida Statutes	made under oath; ti	Florida Statutes. hat I am a Genera	further certify all Partner of the	that the information fimited partnership or 16.5139	