

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 27 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B01000000411 1. Entity Name THE OFFICES AT MARINA BAY, L.P.					
Principal Place of Business 13651 N.W. 4TH STREET PEMBROKE PINES, FL 33028			Mailing Address 13651 N.W. 4TH STREET PEMBROKE PINES, FL 33028		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04212005 Chg-LP CR2E003 (10/03)	
Zip Country		Zip Country		4. FEI Number APPLIED FOR	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FRANTZMAN, JEFF 9700 S.W. 145TH STREET MIAMI, FL 33176			7. Name and Address of New Registered Agent Name <u>Susan Lupien</u> Street Address (P.O. Box Number is Not Acceptable) <u>3272 Ridge Trace</u> City <u>Davie</u> FL Zip Code <u>33328</u>		
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 <u>Susan Lupien</u> DATE <u>4/22/05</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$100,000.00			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 # P01000112548 NAME OFFICES AT MARINA BAY, INC. STREET ADDRESS 13651 N.W. 4TH STREET CITY-ST-ZIP PEMBROKE PINES, FL 33028			STREET ADDRESS CITY-ST-ZIP		
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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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			4/22/05 954-437-1435 <small>Date Daytime Phone #</small>		

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