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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DOE BY MAY 1, 2009						-	
DOCUMENT # B9400000131 1. Entity Name					FILED		
STANFORD EQUITY LIMITED PARTNERSHIP			ŀ		2005 APR 18 PM 1: 1'6		
Principal Place of Business Mailing Address				O SE IN	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
			1000 BRICKELL AVE., STE. 910				LF (COM.DA
MIAMI FL 3313	1	MIAMI FL 33131					
0.00	(5)	12 14 25 144					
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		1ST MOORE CR2E003 (10/04)		
City & State		City & State			4. FEI Number 31-	1376812	Applied For Not Applicable
Zip	Zip Country		Country		5. Certificate of Statu	ıs Desired	\$8.75 Additional Fee Required
	5. Name and Address of Curre	nt Registered Agent			7. Name and Addres	ss of New Registere	•
50110	TENOTEIN IEEEDEV			Name loft Schattenstein			
SCHOTTENSTEIN, JEFFREY 1000 BRICKELL AVE., STE. 910 MIAMLEL 33131				Street Address (P.O. Box Number is Not Acceptable)			
				•	SL- 1111	-KELL-1	VC
4	les 1		ł	City N. A.	10	F	Zip Code
8. The above nar	ned entity submits this stateme	t for the purpose of changing	its registe	red office or regis	tered agent, or both,	· · · · · · · · · · · · · · · · · · ·	-13313/
in the State of t	Florida. I am familiar with, and a	coupt the obligations of registe	ered agent			505 NOVIII B	
SIGNATURE				11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.			• • •
9. Capital Contributions \$980.00 10. Amount of Capital Contribution							
as Shown on re	A GENERAL PARTNER	in FLORIDA to	NTITY M				
12.	NOTE: General Partners I GENERAL PARTN	WAY NOT be changed on NER INFORMATION	the form	; an amendme		hange a general p DRESS CHANGES C	
DOCUMENT / F9400001758				ET ADDRESS			
1 1	NAME STANFORD EQUITY CORP. STREET ADDRESS 1800 MOLER ROAD			-			
j l				-ST-ZIP			
DOCUMENT # NAME			STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	I			-SI-ZIP	700054200737 05/10/0501020014 **150,00		
DOCUMENT #			STRE	ET ADDRESS	05/10/05	-01020014	**150.00
NAME STREET ADDRESS			AITU	SI-ZiP			
CITY-ST-ZIP DOCUMENT /			Clif	21-29			
NAME			STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP			
DOCUMENT #			STRE	ET ADDRESS			
STREET ADDRESS CITY ST-ZIP			CITY	-ST-ZIP			
DOCUMENT F NAME F STREET ADDRESS			STRE	ET ADDRESS	<u>,</u>		, , , , , , , , , , , , , , , , , , ,
STREET ADDRESS CITY-ST-ZIP			CITY	-SI-ZIP			
14. I hereby certi indicated on the receiver of	fy that the information supplied this report is true and accurate a critical execute or trustee employeed to execute	with this filing does not qualify and that my eignature shall hav this report as required by Cha	for the exer ve the same apter 620, I	mption stated in S e legal effect as if Florida Statutes	ection 119.07(3)(i), Florid made under oath; that I	da Statutes. I further am a General Partne	certify that the information of the limited partnership of

Date

Daytime Phone #