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

ST/ 3 CHECK HERE

SIGNATURE: \_

DUE BY MAY 1, 2005								
DOCUMENT # B9700000102  1. Entity Name					FILED			
THREE WORLDS LIMITED PARTNERSHIP								
						2005 APR 15	PM 1: 14	
Principal Place of Business Mailing Address						SECRETARY	OF STATE	
400 W. MAPLE, STE 250 400 W. MAPLE, STE 250						SECRETARY TALLAHASSE	E. FLORIDA	
BIRMINGHAM MI 48009 BIRMINGHAM MI 48009								
			nklin Rt.					
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.					1ST MOORE CR2E003 (10/04)			
City & State City & State			i		4. FEI Number	3334182	Applied For	
		Southfield,	Country			3334102	Not Applicable	
<sup>25</sup> 480	34 Country		aklan	J	5. Certificate of Statu	s Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Addres	s of New Registered	Agent	
DETERMANI DETOV				Name				
PETERMAN, BETSY 2915 N.W. 14TH STREET DELRAY BEACH FL 33445			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
			City				Zip Code	
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 11. FILE NOW!!! Due by May 1, 2005.								
Signature, typed or printed name of registered agent and title if applicable  9. Capital Contributions  10. Amount of Capital Contributions							structions for fee into.	
as Shown on record. \$1,200,000.00 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.								
				ADDRESS CHANGES ONLY				
DOCUMENT #	SI SI			222	127 E. L	1. p.) C	10 200	
NAME STREET ADDRESS	BAYER, ROBERT B 400 W. MAPLE, STE 250	}	27777 Franklin Rt. Ste 200					
CITY-ST-ZIP	BIRMINGHAM MI 48009		CITY-ST-ZIP	Sa	wthfield,	MI 48031	1	
DOCUMENT #		5	STREET ADDRESS					
NAME STREET ADDRESS								
CITY-ST-ZIP		(	CITY-ST-ZIP					
DOCUMENT #		5	STREET ADDRESS					
NAME Street Address					7 DD 05	5 <b>40212</b> 1083004 *	1.7 acoc or	
CITY-ST-ZIP			City-ST-ZIP		0.00700.00	1003 004 4	*320.23	
DOCUMENT #		\$	STREET ADDRESS					
name Street address								
CITY-ST-ZIP			CITY-ST-ZIP					
DOCUMENT #		S	STREET ADDRESS					
NAME STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP					
SNT		S	STREET ADDRESS					
STREET ADDRESS		1	-					
CITY-ST-ZIP			CITY-ST-ZIP					
14. I hereby of indicated	certify that the information supplied with on this report is true and accurate and the or trustee ampowered to execute this	this filing does not qualify for the e hat my signature shall have the sa	xemption stat ame legal effec	ed in Sect as if m	ction 119.07(3)(i), Florid ade under oath; that I a	la Statutes. I further co im a General Partner o	ertify that the information of the limited partnership or	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Day 1 / 1 / 05 248-2530

Day 1 / 05 Desyltem Phone #