


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED

2005 APR 27 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # B99000000370 1. Entity Name THE MARINA AT MARINA BAY, L.P.	
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Principal Place of Business 9700 S.W. 145 STREET MIAMI, FL 33177	Mailing Address 9700 S.W. 145 STREET MIAMI, FL 33177
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2. Principal Place of Business 13651 NW 4th St. Suite, Apt. #, etc.	3. Mailing Address 13651 NW 4th St. Suite, Apt. #, etc.
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City & State Pembroke Pines, FL	City & State Pembroke Pines, FL
Zip 33028	Country USA
Zip 33028	Country USA



04212005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0951249	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FRANZTMAN, JEFF 9700 SW 145 STREET MIAMI, FL 33177	7. Name and Address of New Registered Agent Name Susan Lupien Street Address (P.O. Box Number is Not Acceptable) 3272 Ridge Trace City Davie FL Zip Code 33328
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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 Susan Lupien DATE 4/22/05  
Signature typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,800,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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.**

STAPLE CHECK HERE

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # P99000060436	NAME MARINA AT MARINA BAY INC	STREET ADDRESS 13651 N.W. 4TH STREET	CITY-ST-ZIP PEMBROKE PINES, FL
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	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)(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: [Signature] DATE 4/22/05 DAYTIME PHONE # 954-437-1435  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER