



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90359 003 ***158.75

DOCUMENT # F47837			
1. Entity Name GROWTH FUND PARTNERSHIP, INC.			
Principal Place of Business 2221 NE 202ND STREET MIAMI, FL 33180		Mailing Address 2221 NE 202ND STREET MIAMI, FL 33180	
2. Principal Place of Business 9900 West Sample Rd Suite, Apt. #, etc. Suite 300 City & State Coral Springs FL Zip 33065 Country US		3. Mailing Address 9900 W. Sample Rd Suite, Apt. #, etc. Suite 300 City & State Coral Springs FL Zip 33065 Country US	
4. FEI Number 65-0268287		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04152005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent WALLBERG & RENZY, P.A. 10100 WEST SAMPLE RD., 3RD FLOOR CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent	
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 _____ DATE _____	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRNHOLZ, JACK 2221 NE 202ND STREET MIAMI, FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BS WENDY WALLBERG 10100 W Sample Rd, Third Floor Coral Springs FL 33065 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZMAN, GEORGE 2221 NE 202 ST MIAMI, FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS BIRNHOLZ, SHIRLEY MRS 2221 NE 202 STREET MIAMI, FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLD, MALCOLM J P.O. BOX 2004 WATERFORD, HERTFORDSHIRE, WD17 3XZ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		WENDY WALLBERG, Secretary 4/15/05 954-757-1212	

00041198



04152005 Chg-P CR2E034 (10/03)

FL Zip Code

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #