2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000027015

Address:

City-St-Zip:

777 ARTHUR GODFREY RD, #400

MIAMI BEACH, FL 33140

Entity Name: FAYETTEVILLE GENERAL PARTNER, INC.

FILED Feb 07, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
C/O CONTINETAL FIDELITY CORPORATION 777 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140				777 ARTHUR GODFREY ROAD			
				400 MIAMI BEACH, FL 33140			
Current Mailing Address:				New Mailing Address:			
C/O CONTINETAL FIDELITY CORPORATION 777 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140				777 ARTHUR GODFREY ROAD			
				400 MIAMI BEACH, FL 33140			
	: 65-0408911	FEI Number Applied For()	FEI Nun	nber Not Appl	,	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
BALOGH, 777 ARTH MIAMI BEA		(RD, 4TH FLR) US					
	named entity : e of Florida.	submits this statement for the p	ourpose o	f changing i	ts register	red office or registered agent, or both,	
SIGNATUI	RE:						
	Electror	nic Signature of Registered Age	ent			Date	
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BALOGH, ROB	ODFREY ROAD 4TH FL		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	•) Delete		Title:	D	(X) Change () Addition	
Name: Address: City-St-Zip:	WATSON, MAR 6126 PARADIS MIAMI, FL 331	E PT DR		Name: Address: City-St-Zip:	ress: 20155 NE 38TH COURT, APT 2304		
Title: Name:	COO (TEITELBAUM,) Delete ORLI		Title: Name:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ORLI TEITELBAUM COO 02/07/2005