

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 JUL 15 AM 8:13

DOCUMENT # A03000001651



1. Entity Name
 STRAWGATE INVESTMENTS, LTD.

Principal Place of Business
 10 EDGEWATER DRIVE, #11-E
 CORAL GABLES, FL 33133

Mailing Address
~~10 EDGEWATER DRIVE, #11-E~~
 CORAL GABLES, FL 33138

2. Principal Place of Business
 90 Therral
 Suite, Apt. #, etc.

3. Mailing Address
 90 Therral Baisden P.A.
 Suite, Apt. #, etc.
 ONE S.E. 3RD AVENUE #2400



06092005 Chg-LP CR2E003 (10/03)

City & State

City & State
 Miami FL

4. FEI Number
 20-0460813

Applied For
 Not Applicable

Zip Country

Zip Country
 33131 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEUERMAN, JONATHAN ESQ.
 C/O THERREL BAISDEN, P.A.
 ONE S.E. 3RD AVE., SUITE 2400
 MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$11,331,094.50

10. Amount of Capital Contributions 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.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P03000133457
 NAME PAT STRAWGATE, INC.
 STREET ADDRESS 10 EDGEWATER DRIVE, #11-E
 CITY-ST-ZIP CORAL GABLES, FL 33133

STREET ADDRESS

CITY-ST-ZIP

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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:

Pat Strawgate

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE