

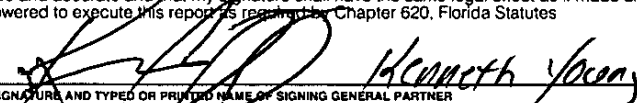


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 25 AM 9:42

DOCUMENT # A01000000364 1. Entity Name YOUNG FAMILY LIMITED PARTNERSHIP, LLLP		
Principal Place of Business 5815 SUNCREST DRIVE MIAMI, FL 33156		Mailing Address 5815 SUNCREST DRIVE MIAMI, FL 33156
2. Principal Place of Business 12351 Rock Garden Lane Suite, Apt. #, etc.	3. Mailing Address 12351 Rock Garden Lane Suite, Apt. #, etc.	
City & State Miami FL	City & State Miami FL	4. FEL Number 05-1085459
Zip 33156	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent NELSON, BARRY A ESQ. 2775 SUNNY ISLES BLVD. SUITE 118 NORTH MIAMI BEACH, FL 33160		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
9. Capital Contributions as Shown on record. \$12,000,000.00	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 # NAME STREET ADDRESS CITY-ST-ZIP	P01000024672 YOUNG FAMILY HOLDINGS, INC. 5815 SUNCREST DRIVE MIAMI, FL 33156	STREET ADDRESS 12351 Rock Garden Lane CITY-ST-ZIP Miami FL 33156
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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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:  3/2/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>		

STAPLE CHECK HERE

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