


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

**FILED
May 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # A01000000875
1. Entity Name
CAMPELLO FAMILY LIMITED PARTNERSHIP I



Principal Place of Business Mailing Address
**9830 S.W. 125TH AVENUE
MIAMI, FL 33186** **9830 S.W. 125TH AVENUE
MIAMI, FL 33186**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04262005 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
52-2330760 Not Applicable

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

6. Name and Address of Current Registered Agent

**CAMPELLO, UGO
9830 S.W. 125TH AVENUE
MIAMI, FL 33186**

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

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **1000**

**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 #	CAMPELLO, UGO	STREET ADDRESS	11000000365806
NAME	9830 S.W. 125TH AVENUE	CITY-ST-ZIP	05/11/05-80017-005 141.25
STREET ADDRESS	MIAMI, FL 33186		
CITY-ST-ZIP			
DOCUMENT #	CAMPELLO, VALERIA	STREET ADDRESS	
NAME	9830 S.W. 125TH AVENUE	CITY-ST-ZIP	
STREET ADDRESS	MIAMI, FL 33186		
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: UGO CAMPELLO *[Signature]* **05/28/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #