


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 23 AM 9:37

DOCUMENT # A02000000210					
1. Entity Name THE GENET FAMILY LIMITED PARTNERSHIP NO. 3, LLLP					
Principal Place of Business 19080 N.E. 29TH AVE. AVENTURA, FL 33180			Mailing Address 19080 N.E. 29TH AVE. AVENTURA, FL 33180		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent NELSON, BARRY A ESQ. C/O NELSON & LEVINE, P.A. 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 as per registered agent and fee applicable.</small>					
9. Capital Contributions as Shown on record. \$1,987,456.00			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 #	P96000102066		STREET ADDRESS		
NAME	GENET FAMILY HOLDINGS, INC.		CITY - ST - ZIP		
STREET ADDRESS	19080 N.E. 29TH AVE.				
CITY - ST - ZIP	AVENTURA, FL 33180				
DOCUMENT #			STREET ADDRESS		
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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: _____			3/16/05 905-933-8700		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone		

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