


141.25

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

<b>DOCUMENT # A02000000699</b>							
1. Entity Name URIBE FAMILY LIMITED PARTNERSHIP							
Principal Place of Business 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133			Mailing Address 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number <b>NOT APPLICABLE</b>			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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. <b>\$1,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.				
<b>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.</b>							
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY				
DOCUMENT #	URIBE, JUAN		STREET ADDRESS				
NAME	2665 SOUTH BAYSHORE DRIVE, SUITE 703		CITY-ST-ZIP				
STREET ADDRESS	MIAMI, FL 33133						
CITY-ST-ZIP							
DOCUMENT #	LLANO, CLARA		STREET ADDRESS				
NAME	2665 SOUTH BAYSHORE DRIVE, SUITE 703		CITY-ST-ZIP				
STREET ADDRESS	MIAMI, FL 33133						
CITY-ST-ZIP							
DOCUMENT #			STREET ADDRESS	800054529768			
NAME			CITY-ST-ZIP	05/13/05--01066--017 ***982.50			
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DOCUMENT #			STREET ADDRESS				
NAME			CITY-ST-ZIP				
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: <i>Timothy D. Richards</i>			4/29/05 (305) 858-9900				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #				

FILED  
05 MAY -4 PM 1:1  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA.



05022005 Chg-LP CR2E003 (10/03)

STAPLE CHECK HERE

*Handwritten initials/signature*