

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY 26 PM 2:44

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A02000000699

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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

04272006 Chg-LP CR2E003 (11/05)



4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WORLD CORPORATE SERVICES, INC.
 2665 SOUTH BAYSHORE DRIVE, SUITE 703
 MIAMI, FL 33133

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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	URIBE, JUAN 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133	STREET ADDRESS CITY-ST-ZIP	600075555706 05/31/06 01038 001 **1200.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	LLANO, CLARA 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133	STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Juan Uribe Date: 4/27/06 Daytime Phone #: 305-858-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER