


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 20 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000362 1. Entity Name ANA CHRIS LIMITED PARTNERSHIP			
Principal Place of Business 1231 MADINA AVENUE CORAL GABLES, FL 33134		Mailing Address 1231 MADINA AVENUE CORAL GABLES, FL 33134	
2. Principal Place of Business 11558 SW 91ST TERRACE Suite, Apt. #, etc.		3. Mailing Address 11558 SW 91ST TERRACE Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA Zip 33176		City & State MIAMI, FLORIDA Zip 33176	
Country USA		Country USA	
4. FBI Number 62-0859006		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONATHAN H. GREEN & ASSOCIATES, P.A. 799 BRICKELL PLAZA, SUITE 700 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. \$200,000.00		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	CHRISTODOULOU, ARLEEN 1231 MADINA AVENUE CORAL GABLES, FL 33134	STREET ADDRESS CITY-ST-ZIP	11558 SW 91ST TERRACE MIAMI, FL 33176
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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: <u><i>Arleen Christodoulou</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		Date <u>4-1-05</u> <small>Daytime Phone #</small>	

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