


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 05 MAR -7 AM 10: 01

DOCUMENT # A03000001647					
1. Entity Name SAN GIORGIO INVESTMENTS, LLLP					
Principal Place of Business 6020 PARADISE POINT DRIVE MIAMI, FL 33157			Mailing Address 6020 PARADISE POINT DRIVE MIAMI, FL 33157		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03012005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 20-0497106	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146			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 name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$5,000,000.00			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		
NAME	SIEGFRIED, STEVEN		CITY-ST-ZIP		
STREET ADDRESS	6020 PARADISE POINT DRIVE				
CITY-ST-ZIP	MIAMI, FL 33157				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	SIEGFRIED, JULIE		CITY-ST-ZIP	200048186372	
STREET ADDRESS	6020 PARADISE POINT DRIVE			03/11/05--01005--016 **526.25	
CITY-ST-ZIP	MIAMI, FL 33157				
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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)(a), 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>Julie Siegfried</i>			<i>Steven Siegfried</i>		3/11/2005
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>

STAPLE CHECK HERE