## 2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

## FILED Mar 18, 2005 08:00 AM Secretary of State

DOCUMENT # A29735  1. Entity Name CONCORDE WAREHOUSES, LTD.					Secretary of State		
Principal Place of Business         Mailing Address           C/O BARMAX INVESTMENTS, INC.         C/O BARMAX INVESTMENTS, INC.           5582 N.W. 79TH AVENUE         5582 N.W. 79TH AVENUE           MIAMI, FL 33166         MIAMI, FL 33166							
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt #, etc.		03102005 Chg-LP	CR2E003 (10/03)		
City & State		City & State		4. FEI Number 65-0162501	Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Re	egistered Agent	
WAAS, MARTIN C/O BARMAX INVESTMENTS, INC. 5582 N.W. 79TH AVENUE MIAMI, FL 33166				Name Street Address (I	ress (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	Signature, typed or printed name of registered agent a	nd little if applicable	<u></u> -		<u> </u>	DATE	
9. Capital Contributions as Shown on record. \$880,000.00 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 #	K99686		STRE	ET ADDRESS	- ar and		
STRELT ADDRESS GITY-ST-ZIP	5582 N.W. 79TH AVENUE MIAMI, FL		CITY	-ST-ZIP			
DOCUMENT # NAME	L28287 _ MALINA-TRESS INV. CORP.		STRE	ET ADDRESS	0000002 03/18/05-8	67715 0014-016 526,25	
STREET ADDRESS CITY-ST-ZIP	6055 NW 82ND AVENUE MIAMI, FL 33166		СПҮ	- ST · ZIP			
DOCUMENT # NAME			STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY	- ST · ZiP			
DOCUMENT # NAME			STRE	ET ADDRESS			
CITY - ST - ZIP			CITY	-ST-2IP			
DOCUMENT # NAME			SIRE	E1 ADURESS			
STREET ADDRESS			CITY	ST-ZIP			
DOCUMENT # NAME			STRE	ET ADDRESS			
STREET ADDRESS GITY-S1-ZIP			СІТҮ-	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.							