

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A9500000281

1. Entity Name
BARBARA S. PARRETT FAMILY PARTNERSHIP, LTD.




Principal Place of Business Mailing Address
1051 NE 86TH STREET **1051 NE 86TH STREET**
MIAMI, FL 33138 **MIAMI, FL 33138**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

2005 APR 28 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04212005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3302862	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

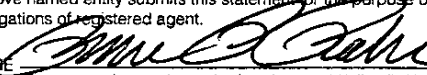
6. Name and Address of Current Registered Agent

DIXON, SHARON QUINN
150 WEST FLAGLER STREET
SUITE 2220
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name
PAMELA PARRETT RAABIN
 Street Address (P.O. Box Number is Not Acceptable)
1051 NE 86 ST
 City
MIAMI FL Zip Code
33138

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: **4-23-05**

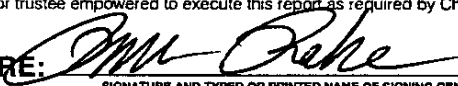
9. Capital Contributions as Shown on record. \$1,772,885.00	10. Amount of Capital Contributions in FLORIDA to date. \$526.25
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT 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	G95046000067 BARBARA S. PARRETT TRUST 1051 NE 86TH STREET MIAMI, FL 33138	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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100054919301
 05/20/05--01050--025 **526.25

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:  DATE: **4-23-05** 3057549394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE