

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A95000000524

1. Entity Name
CABRERIZO FAMILY LIMITED PARTNERSHIP 95-I



FILED

2005 JUN 27 P 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04222005 Chg-LP CR2E003 (10/03)

Principal Place of Business
11000 N.W. 92ND TERRACE
MIAMI, FL 33178

Mailing Address
11000 N.W. 92ND TERRACE
MIAMI, FL 33178

2. Principal Place of Business
6340 SUNSET DR.
Suite, Apt. #, etc.

3. Mailing Address
6340 SUNSET DR.
Suite, Apt. #, etc.

City & State
Miami, FL
Zip 33143 Country USA

City & State
Miami, FL
Zip 33143 Country USA

4. FEI Number
65-0661031
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE
SUITE 601
CORAL GABLES, FL 33134

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

9. Capital Contributions
as Shown on record. \$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date. ~~250,000~~ - 237,512.00

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 #	P95000007770	STREET ADDRESS	6340 SUNSET DR.
NAME	CABRERIZO FAMILY HOLDINGS, INC.	CITY-ST-ZIP	MIAMI, FL 33143
STREET ADDRESS	11000 N.W. 92ND TERRACE		
CITY-ST-ZIP	MIAMI, FL 33178		
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NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/28/05 305
257-5760
Date Daytime Phone #

STAPLE CHECK HERE