


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

**FILED
Apr 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # A96000000294
1. Entity Name
THE PLANAS FAMILY LIMITED PARTNERSHIP



Principal Place of Business: **C/O JUAN E. PLANAS
1010 BAYAMO AVE.
CORAL GABLES, FL 33146**
Mailing Address: **C/O JUAN E. PLANAS
1010 BAYAMO AVE.
CORAL GABLES, FL 33146**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04112005 Chg-LP CR2E003 (10/03)

4. FEI Number **65-0628290** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**PLANAS, JUAN E
1010 BAYAMO AVENUE
CORAL GABLES, FL 33146**

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 file # applicable

9. Capital Contributions as Shown on record: **\$495,000.00** 10. Amount of Capital Contributions in FLORIDA to date: **\$269,390**

**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 # | PLANAS, JUAN E | STREET ADDRESS | |
| NAME | 1010 BAYAMO AVE. | CITY - ST - ZIP | |
| STREET ADDRESS | CORAL GABLES, FL 33146 | | |
| CITY - ST - ZIP | | STREET ADDRESS | |
| DOCUMENT # | | CITY - ST - ZIP | |
| NAME | | | |
| STREET ADDRESS | | | |
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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)(f), 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:  **JUAN E. PLANAS** Date: **4/12/05** Day: **305-667-11126**