
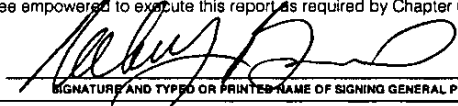


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 31 AM 9:16

DOCUMENT # A97000001182					
1. Entity Name BIANCO FAMILY, LTD.					
Principal Place of Business 6361 SW 38TH COURT DAVIE, FL 33314			Mailing Address 6361 SW 38TH COURT DAVIE, FL 33314		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		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	
COHN, ALAN B ABRAMS ANTON ROBBINS RESNICK & SCHNEIDER 2021 TYLER STREET HOLLYWOOD, FL 33022				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State <b>FL</b> 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. <b>\$3,162,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS	<b>200050093682</b>	
STREET ADDRESS	BIANCO, LOUIS D		CITY-ST-ZIP	0470705--01003--025 **\$26.25	
CITY-ST-ZIP	6361 S.W. 38TH COURT DAVIE, FL 33314		STREET ADDRESS		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	BIANCO, ROBERT L		CITY-ST-ZIP		
CITY-ST-ZIP	6361 S.W. 38TH COURT DAVIE, FL 33314		STREET ADDRESS		
DOCUMENT #	NAME		STREET ADDRESS		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			STREET ADDRESS		
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: <b>3/29/05</b>		Daytime Phone #: <b>954 473 5295</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE