



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

**FILED  
Mar 23, 2005 08:00 AM  
Secretary of State**

|  |   |  |  |  |                               |
|--|---|--|--|--|-------------------------------|
| DOCUMENT # A98000001874  |   |  |  |         |                               |
| 1. Entity Name<br>BLUE WAVES OF DADE COUNTY, LTD.  |   |  |  |  |                               |
| Principal Place of Business<br>1221 N.W. 165TH STREET<br>MIAMI, FL 33169-6   |   | Mailing Address<br>1221 N.W. 165TH STREET<br>MIAMI, FL 33169-6 |  |  |                               |
| 2. Principal Place of Business   |   | 3. Mailing Address   |  |  |                               |
| Suite, Apt #, etc.   |   | Suite, Apt. #, etc.  |  |  |                               |
| City & State   |   | City & State   |  | 4. FEI Number<br>65-0876663  |                               |
| Zip  |   | 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        |  |                               |
| LEVI, RAIMUNDO<br>224 CATALONIA AVE.<br>CORAL GABLES, FL 33134   |   |  | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |   |  |  |  |                               |
| 9. Capital Contributions as Shown on record. \$250,000.00  |   | 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.<br/>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                                     | 1000000273881  |                               |
| STREET ADDRESS   | QUINTERO, NORMA A                         |  | CITY-ST-ZIP  | 03/23/05-30045-018 526.25  |                               |
| CITY-ST-ZIP  | 1221 N.W. 165TH STREET<br>MIAMI, FL 33169 |  |  |  |                               |
| DOCUMENT #   | NAME                                      |  | STREET ADDRESS                                     |  |                               |
| STREET ADDRESS   | QUINTERO, LUIS A                          |  | CITY-ST-ZIP  |  |                               |
| CITY-ST-ZIP  | 1221 N.W. 165TH STREET<br>MIAMI, FL 33169 |  |  |  |                               |
| DOCUMENT #   | NAME                                      |  | STREET ADDRESS                                     |  |                               |
| STREET ADDRESS   |   |  | CITY-ST-ZIP  |  |                               |
| CITY-ST-ZIP  |   |  |  |  |                               |
| DOCUMENT #   | NAME                                      |  | STREET ADDRESS                                     |  |                               |
| STREET ADDRESS   |   |  | CITY-ST-ZIP  |  |                               |
| CITY-ST-ZIP  |   |  |  |  |                               |
| DOCUMENT #   | NAME                                      |  | STREET ADDRESS                                     |  |                               |
| STREET ADDRESS   |   |  | CITY-ST-ZIP  |  |                               |
| CITY-ST-ZIP  |   |  |  |  |                               |
| DOCUMENT #   | NAME                                      |  | STREET ADDRESS                                     |  |                               |
| STREET ADDRESS   |   |  | CITY-ST-ZIP  |  |                               |
| CITY-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 520, Florida Statutes. |   |  |  |  |                               |
| SIGNATURE:    |   |  | Date: 3/14/05                                      |  | Daytime Phone #: 305-591-3765 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>  |   |  |  |  |                               |

STAPLE CHECK HERE.