


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 FEB -7 AM 9:53

<b>DOCUMENT # A03000001542</b> 1. Entity Name <b>ALEJO FAMILY LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>1900 S.W. 18TH AVENUE MIAMI, FL 33145</b>		Mailing Address <b>1900 S.W. 18TH AVENUE MIAMI, FL 33145</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>  ROZENCWAIG, LESLIE A ESQ. LESLIE ALAN ROZENCWAIG, P.A. 1 S.E. 3RD AVENUE, SUITE 960 MIAMI, FL 33131		<b>7. Name and Address of New Registered Agent</b>  Name <u>ROZENCWAIG &amp; FERRERO-CARR</u> Street Address (P.O. Box Number is not Acceptable) <u>301 W. HALLANDALE BEACH BLVD.</u>  City <u>HALLANDALE</u> <b>FL</b> Zip Code <u>33009</u>	
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 <u>Rozencwaig, Leslie, P.A.</u> DATE <u>2/2/05</u> <small>Signature, typed or printed name of registered agent and date if applicable.</small>			
9. Capital Contributions as Shown on record. <b>\$392,000.00</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>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT #	L03000036882	STREET ADDRESS	
NAME	ALEJO FAMILY HOLDINGS, L.C.	CITY-ST-ZIP	
STREET ADDRESS	1900 S.W. 18TH AVENUE		
CITY-ST-ZIP	MIAMI, FL 33145		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
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 620, Florida Statutes.			
SIGNATURE: <u>[Signature]</u>		Date <u>1/17/05</u> (305) 635-7546	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>	

STAPLE CHECK HERE

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01142005 Chg-LP CR2E003 (10/03)

4- FEI Number **20-0313011** Applied For  Not Applicable

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