


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

**FILED  
Mar 18, 2005 08:00 AM  
Secretary of State**

DOCUMENT # A03000001091 1. Entity Name SELEM INVESTMENTS, LLLP	
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Principal Place of Business 1416 CASTILE AVENUE CORAL GABLES, FL 33134	Mailing Address 1416 CASTILE AVENUE CORAL GABLES, FL 33134
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02282005	Chg-LP	CR2E003 (10/03)
4. FEI Number 20-0130184	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>
ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146

<b>7. Name and Address of New Registered Agent</b>
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. \$1,500,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	NAME	STREET ADDRESS	
NAME	SELEM, JOSE S	CITY-ST-ZIP	
STREET ADDRESS	1416 CASTILE AVENUE		
CITY-ST-ZIP	CORAL GABLES, FL 33134		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	LEGORBURU-SELEM, SARAH	CITY-ST-ZIP	
STREET ADDRESS	1416 CASTILE AVENUE		
CITY-ST-ZIP	CORAL GABLES, FL 33134		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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03/18/05-80014-UNE 528.25

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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)(l), 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: Sarah Legorburu Selem 3/14/05 SARAH LEGORBURU  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #