

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 14 AM 9:28

DOCUMENT # A03000000652

1. Entity Name
BIANCA HOUSE APARTMENTS, LTD.



Principal Place of Business
% BIANCA HOUSE APARTMENTS, INC.
964 SW 10TH STREET
MIAMI, FL 33130

Mailing Address
% A&A REGISTERED AGENT, INC.
2450 SW 137TH AVE., SUITE 221
MIAMI, FL 33175

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082005

Chg-LP

CR2E003 (10/03)

4. FEI Number

APPLIED FOR 51-0463914

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

A&A REGISTERED AGENT, INC.
2450 SW 137TH AVE., SUITE 221
MIAMI, FL 33175

7. Name and Address of New Registered Agent

Name Miguel A. Lopez

Street Address (P.O. Box Number is Not Acceptable)
2688 SW 137 Ave.

City Miami

FL

Zip Code 33175

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$900.00

10. Amount of Capital Contributions
in FLORIDA to date. \$900.00

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

DOCUMENT # P03000046840
NAME BIANCA HOUSE APARTMENTS, INC.
STREET ADDRESS 964 SW 10TH STREET
CITY-ST-ZIP MIAMI, FL 33130

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-3-05

Date

(305)336-9502

Daytime Phone #

STAPLE CHECK HERE