

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILL  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN 20 AM 9:23

DOCUMENT # A02000000396

1. Entity Name  
THE TRITON CREW LTD.



Principal Place of Business  
848 BRICKELL AVENUE, #1010  
MIAMI, FL 33131

Mailing Address  
848 BRICKELL AVENUE, #1010  
MIAMI, FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132005 Chg-LP CR2E003 (10/03)

4. FEI Number  
APPLIED FOR

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OJEDA, ALAN  
848 BRICKELL AVENUE, #1010  
MIAMI, FL 33131

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

DATE

9. Capital Contributions  
as Shown on record. \$250,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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 OJEDA, ISABEL  
STREET ADDRESS 848 BRICKELL AVENUE, #1010  
CITY-ST-ZIP MIAMI, FL 33131

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME OJEDA, ALAN  
STREET ADDRESS 848 BRICKELL AVENUE, #1010  
CITY-ST-ZIP MIAMI, FL 33131

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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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/05 (305) 3715254  
Date Daytime Phone #

STAPLE CHECK HERE