

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

**DOCUMENT # A9500000524**

1. Entity Name  
**CABRERIZO FAMILY LIMITED PARTNERSHIP 95-I**



**FILED**

2005 JUN 27 P 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
11000 N.W. 92ND TERRACE  
MIAMI, FL 33178

Mailing Address  
11000 N.W. 92ND TERRACE  
MIAMI, FL 33178

2. Principal Place of Business  
*6340 SUNSET DR.*

3. Mailing Address  
*6340 SUNSET DR.*

Suite, Apt. #, etc.

04222005 Chg-LP CR2E003 (10/03)

City & State  
*Miami, FL*

City & State  
*Miami, FL*

Zip  
*33143* Country  
*USA*

Zip  
*33143* Country  
*USA*

4. FEI Number  
**65-0661031**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**FIELDSTONE, RONALD R**  
201 ALHAMBRA CIRCLE  
SUITE 601  
CORAL GABLES, FL 33134

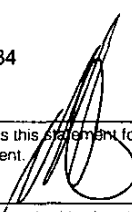
7. Name and Address of New Registered Agent

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. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date. *EXCESS OF 250,000 - 237,512.00*

**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 #	P95000007770
NAME	CABRERIZO FAMILY HOLDINGS, INC.
STREET ADDRESS	11000 N.W. 92ND TERRACE
CITY - ST - ZIP	MIAMI, FL 33178
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<i>6340 SUNSET DR.</i>
CITY - ST - ZIP	<i>MIAMI, FL 33143</i>
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	

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:  DATE *04/28/05* Daytime Phone # *305 257-5260*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

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