

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

**FILED**  
**Jun 17, 2005 8:00 A.M.**  
**Secretary of State**

<b>DOCUMENT # A00000000293</b> 1. Entity Name MIRANDO FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 301 NORTH ATLANTIC AVE., NO. 605 COCOA BEACH, FL 32931			Mailing Address 335 S PLUMOSA STREET MERRITT ISLAND, FL 32952		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SUNDIN, GLENN T 335 SOUTH PLUMOSA STREET SUITE A MERRITT ISLAND, FL 32952				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. <b>\$30,000.00</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>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	SMIGEL-MIRANDO, SHARON A		CITY-ST-ZIP	300056728593	
STREET ADDRESS	301 NORTH ATLANTIC AVE., NO. 605			06/29/05--01065--005 **225.00	
CITY-ST-ZIP	COCOA BEACH, FL 32931				
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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 receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: <i>Sharon Smigel-Mirando</i>			Date: <i>6/28/05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		

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