

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 JUN 13 AM 9:40

DOCUMENT # A00000000487		
1. Entity Name S.C. BADANES LIMITED PARTNERSHIP		

Principal Place of Business
 600 S.W. 21ST ROAD
 MIAMI, FL 33129

Mailing Address

600 S.W. 21ST ROAD
 MIAMI, FL 33129

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country

04202005 Chg-LP CR2E003 (10/03)

4. FEI Number
 65-0994589 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

BADANES, SAMUEL
 600 S.W. 21ST ROAD
 MIAMI, FL 33129

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. \$3,000,000.00

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 STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT #	BADANES, SAMUEL 600 S.W. 21ST ROAD MIAMI, FL 33129	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT #	BADANES, CLARICE 600 S.W. 21ST ROAD MIAMI, FL 33129	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS CITY-ST-ZIP	500056447995 06/22/05-01067-009 *526.25
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DOCUMENT #		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: *Samuel Badanes Clarice Badanes*

4/25/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE