2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000000889

1. Entity Name
THE SPROUL NAVIA FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
520 MARMORE AVE CORAL GABLES, FL 33146	520 MARMORE AVE CORAL GABLES, FL 33146

04072004 Chg-LP CR2E003 (10/03

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
65-1011103

5. Certificate of Status Desired ☐ $8.75 A Fee Requir

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VELEZ, MARIA C. ARRIOLA 35 ALMERIA AVE CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Co

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 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	10. Amount of Capital Contributions in FLORIDA to date.
$110.00	

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	SPROUL, MARIA TERESA	CITY-ST-ZIP	
STREET ADDRESS	520 MARMORE AVE		
CITY-ST-ZIP	CORAL GABLES, FL 33146		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	000000363243 05/05/05-80149-010 141.25
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CITY-ST-ZIP			

STAPLE CHECK HERE

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 or the authorized partner or other agent empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Maria Teresa Velez 4/23/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date