

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005


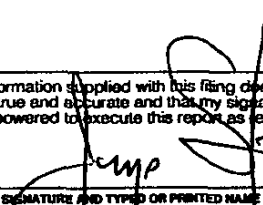
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01262005 Chg-LP CR2E003 (10/03)

DOCUMENT # A00000001447					
1. Entity Name SUAREZ-MURIAS FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 275 HARBOR DRIVE KEY BISCAYNE, FL 33149			Mailing Address 275 HARBOR DRIVE KEY BISCAYNE, FL 33149		
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 65-1042847				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUAREZ-MURIAS, JORGE 275 HARBOR DRIVE KEY BISCAYNE, FL 33149			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record.		10. Amount of Capital Contributions in FLORIDA to date. \$528,659		2-14-05	
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		
NAME	SAUREZ-MURIAS, JORGE		CITY-ST-ZIP		
STREET ADDRESS	275 HARBOR DRIVE				
CITY-ST-ZIP	KEY BISCAYNE, FL 33149				
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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: 			2-14-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		
			Daytime Phone #		

STAPLE CHECK HERE