

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

**FILED**  
**Feb 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A00000001448  
 1. Entity Name  
 SUAREZ-MURIAS REAL ESTATE PARTNERSHIP, LTD.



Principal Place of Business Mailing Address  
 275 HARBOR DRIVE 275 HARBOR DRIVE  
 KEY BISCAWAYNE, FL 33149 KEY BISCAWAYNE, FL 33149



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01262005 Chg-LP CR2E003 (10/03)  
 4. FEI Number Applied For  
 65-1042845 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SUAREZ-MURIAS, JORGE  
 275 HARBOR DRIVE  
 KEY BISCAWAYNE, 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$852,034.00  
 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

DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	SUAREZ-MURIAS, JORGE	275 HARBOR DRIVE	KEY BISCAWAYNE, FL 33149
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
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DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY - ST - ZIP
	000000235662 02/19/05-80013-013 526.25
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

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 of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: [Signature] 2-9-05 305 361-2272  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #