


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000001644</b>					
<b>1. Entity Name</b> V.L.A.M.A.M.A.R. FAMILY LIMITED PARTNERSHIP					
<b>Principal Place of Business</b> 3250 S DIXIE HWY MIAMI FL 33133			<b>Mailing Address</b> 3250 S DIXIE HWY MIAMI FL 33133		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	<b>4. FEI Number</b> 58-2594383	
				Applied For Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MIAMI-DADE HOLDINGS CORPORATION 3250 S DIXIE HWY MIAMI FL 33133			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>9. Capital Contributions as Shown on record.</b> \$65.00		<b>10. Amount of Capital Contributions in FLORIDA to date.</b> \$ 50.00			
<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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
	MARGOLIN, VLADIMIR	3250 S DIXIE HWY	MIAMI FL 33133	CITY-ST-ZIP	
				CITY-ST-ZIP	
				CITY-ST-ZIP	
				CITY-ST-ZIP	
				CITY-ST-ZIP	
				CITY-ST-ZIP	
				CITY-ST-ZIP	
				CITY-ST-ZIP	
				CITY-ST-ZIP	
<b>14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.</b>					
<b>SIGNATURE:</b> _____ <b>4.21.05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					



1ST MOORE CR2E003 (10/04)

**11. FILE NOW!!! Due by May 1, 2005.**  
**See Block 11 instructions for fee info.**

U00000363880  
05/06/05-80018-007 141.25

STAPLE CHECK HERE