

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By September 7, 2005

DOCUMENT # A00000002076

1. Entity Name  
PARDO PARTNERSHIP, LLLP



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN -3 AM 9:07

Principal Place of Business  
266 WEST 35TH STREET  
MIAMI BEACH, FL 33140

Mailing Address  
266 WEST 35TH STREET  
MIAMI BEACH, FL 33140

2. Principal Place of Business  
266 W 35 STREET  
Suite, Apt. #, etc.

3. Mailing Address  
266 W 35 STREET  
Suite, Apt. #, etc.

05312005 Chg-LP CR2E003 (10/03)

City & State  
MIAMI BEACH, FL  
Zip 33140 Country USA

City & State  
MIAMI BEACH, FL  
Zip 33140 Country USA

4. FEI Number  
65-1077351  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLAN, MYRNA P  
266 WEST 35TH STREET  
MIAMI BEACH, FL 33140

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. \$810,000.00

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 MILLAN, MYRNA  
STREET ADDRESS 266 WEST 35TH STREET  
CITY-ST-ZIP MIAMI BEACH, FL 33140

STREET ADDRESS  
CITY-ST-ZIP  
300056403773  
06/21/05--01067--007 \*\*526.25

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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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/22/2005 305-532-5906  
Date Daytime Phone #

STAPLE CHECK HERE