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

CITY-ST-ZIP

SIGNATURE: .

## Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # A01000000086 1. Entity Name THE MUY FÁMILY LIMITED PARTNERSHIP Malling Address Principal Place of Business 3251 EAST 11TH AVENUE HIALEAH FL 33013 190 W. 51 STREET HIALEAH FL 33012 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt #, etc. 1ST MOORE CR2E003 (10/04) City & State City & State 4. FEI Number Applied For 03-0409564 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICHMAN, SCOTT G ESQ. Street Address (P.O. Box Number is Not Acceptable) 19 WEST FLAGLER STREET, 14TH FLOOR **MIAMI FL 33130** Zip Code 5. 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. 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE See Block 11 instructions for fee info. Signatura, typed or printed name of registered agent and title if applicable DATE Amount of Capital Contributions in FLORIDA to date. 9. Capital Contributions \$1,000,000.00 as Shown on record. 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. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 12. DOCUMENT # P01000004676 STREET ADDRESS MUY REALTY, INC. NAME 190 W. 51ST STREET STREET ADDRESS CITY-SI-7/P HIALEAH FL 33012 CITY- 51-7/P DOCUMENT # STREET ADDRESS NAME 04/30/05-80029-008 526.25 STREET ADDRESS CITY-ST-ZIP CITY ST 71P DOCUMENT # STREET ADDRESS STREET ADDRESS CHY-SI-785 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADORESS CITY-SI-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME. STREET ADDRESS CHY SI ZIP CITY-ST-ZIFZ DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CUY-SI-ZIP

14. Thereby 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 employered to execute this report as required by Chapter 620, Florida Statutes

GENERAL PARTNER

**FILED**