2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 13 AM 9:44

DOCUMENT # A01000000665

1. Entity Name
THE FALCON FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
C/O FRED GLICKMAN, ESQ. 9200 S. DADELAND BLVD. MIAMI, FL 33156	C/O FRED GLICKMAN, ESQ. 9200 S. DADELAND BLVD. MIAMI, FL 33156
2. Principal Place of Business 3235 S.W. 58 Court	3. Mailing Address 3235 S.W. 58 Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miami, FL	City & State Miami, FL
Zip 33155 Country USA	Zip 33155 Country USA

02222005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-1104576
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GLICKMAN, FRED E ESQ. 9200 S. DADELAND BLVD., SUITE 508 MIAMI, FL 33156	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	10. Amount of Capital Contributions in FLORIDA to date
$1,980,000.00	

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 #	P01000046798	STREET ADDRESS	
NAME	REGINA CAELI, INC.	CITY-ST-ZIP	
STREET ADDRESS	9200 S. DADELAND BLVD.		
CITY-ST-ZIP	MIAMI, FL 33156		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

SAMPLE 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: Luis A Falcon LUIS A FALCON 4/9/05 305 (661 6241) 305 (892 1020)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #