

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005


FILED

2005 APR 21 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A0100001088

1. Entity Name
THE MONIR FAMILY PARTNERS, LTD.



Principal Place of Business
**927 BRIGHTWATER CIRCLE
MAITLAND, FL 32751 US**

Mailing Address
**1206 E RIDGEWOOD ST
ORLANDO, FL 32803**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



02172005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3748177

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

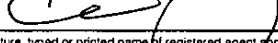
**BRYANT, CARLA DELOACH ESQ
1201 S ORLANDO AVE
SUITE 350
WINTER PARK, FL 32789**

Name

Street Address (P.O. Box Number is Not Acceptable)
1206 E. Ridgewood Street

City **Orlando** FL Zip Code **32803**

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  **3-21-05** DATE

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$175,000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000073798	STREET ADDRESS	
NAME	THE MONIR CORPORATION, INC.	CITY-ST-ZIP	
STREET ADDRESS	927 BRIGHTWATER CIRCLE		500054223525
CITY-ST-ZIP	MAITLAND, FL 32751		05/10/05--01074--023 **526.25
DOCUMENT #		STREET ADDRESS	
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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: *h. Monir* **3/18/05** DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #