


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

DOCUMENT # A01000001686		
1. Entity Name ZAYAS-BAZAN FAMILY LIMITED PARTNERSHIP		

FILED
2005 APR 21 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 11377 WEST FLAGLER ST. MIAMI FL 33174	Mailing Address 11377 WEST FLAGLER ST. MIAMI FL 33174
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2. Principal Place of Business		3. Mailing Address P.O. Box 650856	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miami FL	
Zip	Country	Zip 33265	Country USA

1ST MOORE CR2E003 (10/04)

4. FEI Number 20-0622621		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ROZENCWAIG & FERRERO CARR 301 W. HALLANDALE BEACH BLVD. HALLANDALE BEACH FL 33009		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

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

9. Capital Contributions as Shown on record. \$2,012,794.00

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 #	L01000013282	STREET ADDRESS	
NAME	E & A FAMILY HOLDINGS, L.C.	CITY-ST-ZIP	
STREET ADDRESS	11377 WEST FLAGLER ST.		
CITY-ST-ZIP	MIAMI FL 33174		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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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

4/20/05 305 480 4499
Date Daytime Phone #

STAPLE CHECK HERE