


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

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000000051					
1. Entity Name CARRAZANA FAMILY LIMITED PARTNERSHIP, L.P.					
Principal Place of Business 520 HARBOR DRIVE KEY BISCAVNE FL 33149-1707			Mailing Address 520 HARBOR DRIVE KEY BISCAVNE FL 33149-1707		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 01-0574941				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SLOTO, JAMES R ESQ. C/O MISHAN, SLOTO, ET AL 200 S. BISCAVNE BLVD., SUITE 3000 MIAMI FL 33131				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$3,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$ 20,000.00			
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 #	P02000004270		STREET ADDRESS		
NAME	CARRAZANA FAMILY CORPORATION		CITY-ST-ZIP		
STREET ADDRESS	520 HARBOR DRIVE				
CITY-ST-ZIP	KEY BISCAVNE FL 33149-1707				
DOCUMENT #			STREET ADDRESS	11000000230789	
NAME			CITY-ST-ZIP	02/16/05-80003-008 535.00	
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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)(f), 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

ENRIQUE A. CARRAZANA--

SIGNATURE:



JANUARY 21, 2005.- (305) 361-2645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE