

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A02000001009

FILED  
Jan 26, 2005  
Secretary of State

**Entity Name:** THE PARRA FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

541 OHILLIPS DR.  
BOCA RATON, FL 33432

**New Principal Place of Business:**

541 PHILLIPS DR.  
BOCA RATON, FL 33432

**Current Mailing Address:**

541 OHILLIPS DR.  
BOCA RATON, FL 33432

**New Mailing Address:**

541 PHILLIPS DR.  
BOCA RATON, FL 33432

**FEI Number:** 16-1617708

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARRA, EDUARDO  
541 OHILLIPS DR.  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

PARRA, EDUARDO  
541 PHILLIPS DR.  
BOCA RATON, FL 33432 US

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.

SIGNATURE:

01/26/2005

Electronic Signature of Registered Agent

Date

**Capital Contributions as Shown on record:** 1,000,000.00

**Amount of Capital Contributions in Florida to date:** 1,000,000.00

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #:

Name: PARRA, EDUARDO

Address: 541 OHILLIPS DR.

City-St-Zip: BOCA RATON, FL 33432

Address: 541 PHILLIPS DR.

City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: EDUARDO PARRA

01/26/2005

Electronic Signature of Signing General Partner

Date