


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000001526					
1. Entity Name TEJIDOR INVESTMENTS, LTD., LLLP					
Principal Place of Business 6935 PRADO BLVD. CORAL GABLES, FL 33143		Mailing Address 6935 PRADO BLVD. CORAL GABLES, FL 33143			
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 03-0516104	Applied For Not Applicable
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
TEJIDOR, LEON E 6935 PRADO BOULEVARD CORAL GABLES, FL 33143		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.. \$10,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. <i>3,563,604</i>			
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 #	L02000031015		STREET ADDRESS		
NAME	TEJIDOR HOLDINGS, LLC		CITY-ST-ZIP		
STREET ADDRESS	6935 PRADO BOULEVARD				
CITY-ST-ZIP	CORAL GABLES, FL 33134				
DOCUMENT #			STREET ADDRESS	000000239289 02/22/05-80037-016 536 25	
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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)(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: <i>[Signature]</i>		2/10/05		305 498 3449	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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