


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 05 FEB 22 AM 9:09

DOCUMENT # A0300000022

1. Entity Name
 THE SANTOS FAMILY LIMITED PARTNERSHIP



Principal Place of Business
 2100 N. OCEAN BLVD. #504
 FT. LAUDERDALE, FL 33305

Mailing Address
 2100 N. OCEAN BLVD. #504
 FT. LAUDERDALE, FL 33305

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



02172005 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent

SLOTO, JAMES R ESQ.
 SLOTO & GREENBERG, P.A.
 200 S. BISCAYNE BLVD., SUITE 3000
 MIAMI, FL 33131

4. FEI Number
 42-1566197

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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.

9. Capital Contributions as Shown on record. \$156,835.00

10. Amount of Capital Contributions in FLORIDA to date. 30,000.00

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

DOCUMENT #	
NAME	SANTOS, JOSE H
STREET ADDRESS	2100 N. OCEAN BLVD. #504
CITY-ST-ZIP	FT. LAUDERDALE, FL 33305
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

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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: JOSE SANTOS 2/17/05

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