


2005 LIMITED PARTNERSHIP ANNUAL REPORT
-Due By May 1, 2005

FILED

2005 APR 28 PM 1:43

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A03000000404	
1. Entity Name SAN MARINO LIMITED PARTNERSHIP	

Principal Place of Business 9559 HARDING AVENUE SURFSIDE, FL 33154	Mailing Address 9559 HARDING AVENUE SURFSIDE, FL 33154
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2. Principal Place of Business 1784 West Avenue Suite, Apt. #, etc. Suite Bay 4 City & State Miami Beach, FL Zip 33139 Country USA	3. Mailing Address 1784 West Avenue Suite, Apt. #, etc. Suite Bay 4 City & State Miami Beach, FL Zip 33139 Country USA
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01142005 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent LATOUR, DANIEL 9559 HARDING AVENUE SURFSIDE, FL 33154	
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4. FEI Number 20-0269566	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name: Latour Daniel
 Street Address (P.O. Box Number is Not Acceptable): 1784 West Avenue
 Suite Bay 4
 City: Miami Beach FL Zip Code: 33139

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
9. Capital Contributions as Shown on record. \$10,000.00	10. Amount of Capital Contributions in FLORIDA to date. 15875.

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 #	P99000070891	STREET ADDRESS	1784 West Avenue, Ste Bay 4
NAME	MIAMI EXPERT PARTNERS, INC.	CITY-ST-ZIP	Miami Beach, FL 33139
STREET ADDRESS	9559 HARDING AVENUE		
CITY-ST-ZIP	SURFSIDE, FL 33154		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	400054927294
STREET ADDRESS			05/23/05--01004--011 **158.75
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: *Daniel Latour* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____