

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

FILED

2005 MAY -6 PM 12:17

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # A03000001466

1. Entity Name  
 ARANDA VENTURES LTD.



Principal Place of Business  
 4227 NORTH LAKE BLVD.  
 PALM BEACH GARDENS, FL 33410

Mailing Address  
 4227 NORTH LAKE BLVD.  
 PALM BEACH GARDENS, FL 33410



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
 20-0818195

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAHEEN, WILLIAM M ESQ  
 3351 N.W. BOCA RATON BLVD.  
 BOCA RATON, FL 33431

Name  
 Michelle L. Sides, Esq

Street Address (P.O. Box Number is Not Acceptable)

4227 Northlake Blvd.

City  
 Palm Beach Gardens

FL

Zip Code  
 33410

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

*Michelle L. Sides*

Michelle L. Sides

4-22-05

DATE

9. Capital Contributions  
 as Shown on record. \$100.00

10. Amount of Capital Contributions  
 in FLORIDA to date.

**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 # P03000106746  
 NAME ARANDA MANAGEMENT COMPANY  
 STREET ADDRESS 4227 NORTH LAKE BLVD.  
 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

STREET ADDRESS  
 CITY-ST-ZIP 300055721253  
 06/03/05--01060--007 \*\*141.25

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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)(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:

*Michael F Aranda*

Michael F Aranda

4-22-05

561-626-6121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE