

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 21 PM 12:23

<b>DOCUMENT # A03000001559</b>				
1. Entity Name ZEQUEIRA FAMILY LIMITED PARTNERSHIP				
Principal Place of Business 1900 S.W. 18TH AVENUE MIAMI, FL 33145		Mailing Address 1900 S.W. 18TH AVENUE MIAMI, FL 33145		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip		Country		4. FEI Number 20-0312984
				Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
ROZENCWAIG, LESLIE A ESQ. LESLIE ALAN ROZENCWAIG, P.A. 1 S.E. 3RD AVENUE, SUITE 960 MIAMI, FL 33131			Name <i>Rozencwaig &amp; Ferrero Carr</i> Street Address (P.O. Box Number is Not Acceptable) <i>301 W. Hallandale Beach Blvd.</i> City <i>Hallandale</i> FL Zip Code <i>33009</i>	
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 <i>[Signature]</i>		MGR. <i>Odalis Zequeira</i>		DATE <i>1/17/05</i>
9. Capital Contributions as Shown on record. \$392,000.00		10. Amount of Capital Contributions in FLORIDA to date.		
<b>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.</b>				
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY	
DOCUMENT #	L03000036883		STREET ADDRESS	
NAME	ZEQUERIA FAMILY HOLDINGS, L.C.		CITY-ST-ZIP	
STREET ADDRESS	1900 S.W. 18TH AVENUE			
CITY-ST-ZIP	MIAMI, FL 33145			
DOCUMENT #			STREET ADDRESS	
NAME			CITY-ST-ZIP	
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CITY-ST-ZIP				
800045618688 01/31/05--01005--014 **526.25				
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>		MGR. <i>Odalis Zequeira</i>		DATE <i>1/17/05</i> (305) 635-7546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		DATE		Daytime Phone #

STAPLE CHECK HERE