

**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	Zip	Country	01142005    Chg-LP    CR2E003 (10/03)	
4. FEI Number 20-0312984				Applied For <input type="checkbox"/> 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 <u>Rozencwaig &amp; Ferrero Carr</u> Street Address (P.O. Box Number is Not Acceptable) <u>301 W. Hallandale Beach Blvd.</u> City <u>Hallandale</u> FL    Zip Code <u>33009</u>		
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 <u>[Signature]</u> MGR. <u>Odalis Zequeira</u> DATE <u>1/17/05</u>					
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.</b> <b>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		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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CITY-ST-ZIP			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: <u>[Signature]</u> MGR. <u>Odalis Zequeira</u> DATE <u>1/17/05</u> (305) 635-7546					

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