


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A03000001804 1. Entity Name ALODIA ORTEGO FAMILY LIMITED PARTNERSHIP	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 25 AM 10: 59



Principal Place of Business 704 S.W. 17TH AVENUE SUITE 1 MIAMI FL 33135	Mailing Address 704 S.W. 17TH AVENUE SUITE 1 MIAMI FL 33135
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

JS

1ST MOORE CR2E003 (10/04)

4. FEI Number #20-0693908 AP-PLIED FOR	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SAAVEDRA, JOSE A 9400 SOUTH DADELAND BLVD. PH-5 MIAMI FL 33156	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. \$0.00	10. Amount of Capital Contributions in FLORIDA to date.	
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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 #	P03000155197	STREET ADDRESS	
NAME	ALODIA ORTEGO INC.	CITY-ST-ZIP	
STREET ADDRESS	704 S.W. 17TH AVENUE, SUITE 1		
CITY-ST-ZIP	MIAMI FL 33135		
DOCUMENT #		STREET ADDRESS	200058045862
NAME		CITY-ST-ZIP	07/29/05--01050--011 **141.25
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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: <i>Alodia Ortego</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	07/19/05	305-643-2700
	<small>Date</small>	<small>Daytime Phone #</small>

STAPLE CHECK HERE