

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

DOCUMENT # A04000000573

1. Entity Name

EL PROGRESO PHASE II, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 11 AM 10:21

Principal Place of Business

11710 NW SOUTH RIVER DRIVE
SUITE 216
MEDLEY FL 33178

Mailing Address

11710 NW SOUTH RIVER DRIVE
SUITE 216
MEDLEY FL 33178

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

83-0399225

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1ST MOORE

CR2E003 (10/04)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ, IRIS M
11710 NW SOUTH RIVER DRIVE
SUITE 216
MEDLEY FL 33178

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
as Shown on record.

\$375,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

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

DOCUMENT # L02000010200
NAME EL PROGRESO PLAZA, LLC
STREET ADDRESS 11710 NW SOUTH RIVER DRIVE
CITY-ST-ZIP MEDLEY FL 33178

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

000048861070
03/22/05--01041--008 **\$26.25

DOCUMENT #
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STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

March 3/2005 305-887-9919

Date

Daytime Phone #

STAPLE CHECK HERE