


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 MAY -2 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000001145		
1. Entity Name THE FUNDORA FAMILY LIMITED PARTNERSHIP		

Principal Place of Business 4011 S.W. 117TH AVE MIAMI, FL 33175	Mailing Address 4011 S.W. 117TH AVE MIAMI, FL 33175
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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



02172005 Chg-LP CR2E003 (10/03)

4. FEE	Applied For
20-2747198	Not Applicable

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		7. Name and Address of New Registered Agent	
FUNDORA, MIRIAM 4011 S.W. 117TH AVE MIAMI, FL 33175		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	DATE
Signature, typed or printed name of registered agent and title if applicable.	

9. Capital Contributions as Shown on record. \$382,000.00	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 #	FUNDORA, MIRIAM	STREET ADDRESS	
NAME	4011 S.W. 117TH AVE	CITY-ST-ZIP	
STREET ADDRESS	MIAMI, FL 33175		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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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: 	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

4-25-05

STAPLE CHECK HERE