2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A04000001340

1. Entity Name
TORADOL LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 20 AM 9:36

Principal Place of Business	Mailing Address
10220 SW 20TH STREET DAVIE, FL 33324	10220 SW 20TH STREET DAVIE, FL 33324

01282005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
3949 E. Hibiscus St.	3949 E. Hibiscus St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weston, FL	City & State: Weston, FL
Zip: 33332 Country	Zip: 33332 Country

4. FEI Number: 55-0877984 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHERIAN, SAMUEL 10220 SW 20TH STREET DAVIE, FL 33324	Name: Cherian Samuel Street Address (P.O. Box Number is Not Acceptable): 3949 E. Hibiscus St. City: Weston FL Zip Code: 33332

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: X Cherian Samuel
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$1,000.00	$1000

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 #		STREET ADDRESS	3949 E. Hibiscus St.
NAME	CHERIAN, SAMUEL	CITY-ST-ZIP	Weston, FL 33332
STREET ADDRESS	10220 SW 20TH STREET		
CITY-ST-ZIP	DAVIE, FL 33324		
DOCUMENT #		STREET ADDRESS	3949 E. Hibiscus St.
NAME	CHERIAN, SHIRLEY	CITY-ST-ZIP	Weston, FL 33332
STREET ADDRESS	10220 SW 20TH STREET		
CITY-ST-ZIP	DAVIE, FL 33324		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	800056601728 06/28/05--01014--024 **141.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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