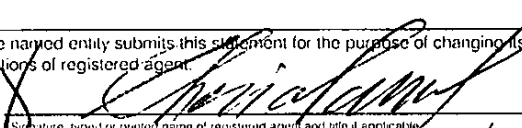
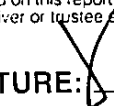


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 20 AM 9:36

DOCUMENT # A04000001340			
1. Entity Name: TORADOL LIMITED PARTNERSHIP			
Principal Place of Business 10220 SW 20TH STREET DAVIE, FL 33324		Mailing Address 10220 SW 20TH STREET DAVIE, FL 33324	
2. Principal Place of Business 3949 E. Hibiscus St.		3. Mailing Address 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 CHERIAN, SAMUEL 10220 SW 20TH STREET DAVIE, FL 33324		7. Name and Address of New Registered Agent 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: 		DATE	
9. Capital Contributions as Shown on record. \$1,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$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 #	NAME	STREET ADDRESS	
STREET ADDRESS	CHERIAN, SAMUEL	3949 E. Hibiscus St.	
CITY - ST - ZIP	10220 SW 20TH STREET DAVIE, FL 33324	CITY - ST - ZIP	Weston, FL 33332
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CHERIAN, SHIRLEY	3949 E. Hibiscus St.	
CITY - ST - ZIP	10220 SW 20TH STREET DAVIE, FL 33324	CITY - ST - ZIP	Weston, FL 33332
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
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: 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	

STAPLE CHECK HERE