


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 05 FEB -7 AM 10:20

<b>DOCUMENT # A04000001387</b>	
1. Entity Name PUMO FAMILY LTD.	

Principal Place of Business 1140 KANE CONCOURSE, FOURTH FLOOR BAY HARBOR ISLANDS, FL 33154	Mailing Address 1140 KANE CONCOURSE, FOURTH FLOOR BAY HARBOR ISLANDS, FL 33154
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2. Principal Place of Business 7327 NW MIAMI CT Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 380100 Suite, Apt. #, etc.
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City & State MIAMI FL	City & State MIAMI FL
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Zip 33150	Country USA	Zip 33238	Country USA
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01042005	Chg-LP	CR2E003 (10/03)
4. FEI Number	<input checked="" type="checkbox"/> Applied For Not Applicable	
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BARASH, A. JEFFREY  
 C/O A. JEFFREY BARASH, P.A.  
 1140 KANE CONCOURSE, FOURTH FLOOR  
 BAY HARBOR ISLANDS, FL 33154

7. Name and Address of New Registered Agent

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. \$5,000,000.00	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	
DOCUMENT #	P04000118512
NAME	THE PUMO FAMILY CORPORATION
STREET ADDRESS	7327 N.W. MIAMI COURT
CITY-ST-ZIP	MIAMI, FL 33150
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600046522476
CITY-ST-ZIP	02/15/05--01008--005 **437.50
STREET ADDRESS	600046522476
CITY-ST-ZIP	02/15/05--01008--006 **97.50
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: *Bennet Pumo* Date: 1/11/05 Daytime Phone #: 305-757-1823  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER