

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 MAR 18 AM 11:25



**DOCUMENT # A04000001544**

1. Entity Name  
**ARLI TREASURES LIMITED PARTNERSHIP**

Principal Place of Business  
**1940 BAY DRIVE, #1**  
**MIAMI BEACH, FL 33141**

Mailing Address  
**1940 BAY DRIVE, #1**  
**MIAMI BEACH, FL 33141**

2. Principal Place of Business  
**1940 BAY DR**  
 Suite, Apt. #, etc.  
**# 11**

3. Mailing Address  
**1940 BAY DR.**  
 Suite, Apt. #, etc.  
**# 11**

City & State  
**MIAMI BEACH, FL**  
 Zip  
**33141** Country  
**USA**

City & State  
**MIAMI BEACH FL**  
 Zip  
**33141** Country  
**USA**

02172005 Chg-LP CR2E003 (10/03)

4. FEI Number  
**51-0525566** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ELIAS, ARMANDO**  
**1940 BAY DRIVE, #1**  
**MIAMI BEACH, FL 33141**

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 fee if applicable

9. Capital Contributions as Shown on record, **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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	CITY-ST-ZIP
	<b>ELIAS, ARMANDO</b>	<b>1940 BAY DRIVE, #1</b>	<b>MIAMI BEACH, FL 33141</b>
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>ELIAS, LILIAN</b>	<b>1940 BAY DRIVE, #1</b>	<b>MIAMI BEACH, FL 33141</b>
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

STREET ADDRESS	
CITY-ST-ZIP	<b>700049167587</b>
STREET ADDRESS	<b>03/25/05--01005--010 **150.00</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Armando Elias* **LILIAN ELIAS** **2-15-05** **305-864-2839**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE