


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

<b>DOCUMENT # A05000000025</b> 1. Entity Name <b>STRANO BROTHERS, LTD.</b>	
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FILED  
 2005 APR 14 PM 1:13  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business <b>75 PALM DRIVE FLORIDA CITY, FL 33034</b>	Mailing Address <b>P.O. BOX 343064 FLORIDA CITY, FL 33034</b>
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2. Principal Place of Business <b>75 W. Palm Dr</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Florida City FLA</b>	City & State
Zip <b>33034</b>	Country <b>USA</b>

03252005 Chg-LP CR2E003 (10/03)

4. FEI Number <b>20-2398651</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>ERNST, PHYLLIS 75 PALM DRIVE FLORIDA CITY, FL 33034</b>	7. Name and Address of New Registered Agent
	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <span style="float: right;"><b>FL</b> Zip Code</span>

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. <b>\$4,118,900.00</b>	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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P04000160937 STRANO BROTHERS MANAGEMENT CORP. 75 PALM DRIVE FLORIDA CITY, FL 33034</b>	STREET ADDRESS  CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS  CITY-ST-ZIP	<b>400054020904 05/06/05--01080--019 **526.25</b>
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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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_