


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due by May 1, 2005

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A05380		
1. Entity Name LG 75 LIMITED		

Principal Place of Business 5481 N. STATE RD#7 TAMARAC, FL 33319	Mailing Address 5481 N. STATE RD#7 TAMARAC, FL 33319
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01042005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0254105	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
GRANADOS, FELIX 5481 N STATE RD. 7 TAMARAC, FL 33319	

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. \$200,000.00	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	GRANADOS, FELIX TRUSTEE	CITY - ST - ZIP	
CITY - ST - ZIP	5481 N. STATE RD. 7 TAMARAC, FL 33319		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	GRANADOS, CARLOS TRUSTEE	CITY - ST - ZIP	
CITY - ST - ZIP	5481 N. STATE RD. 7 TAMARAC, FL 33319		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	B00000000347 CV WAREHOUSE 75, L.P.	CITY - ST - ZIP	
CITY - ST - ZIP	100 CENTURY BLVD. W. PALM BCH., FL 33417		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	GARCIA, MARIA JOSEFA	CITY - ST - ZIP	
CITY - ST - ZIP	2600 DOUGLAS ROAD, SUITE 309 CORAL GABLES, FL 33134		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			

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01/12/05-80001-010 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 # \_\_\_\_\_

STAPLE CHECK HERE