
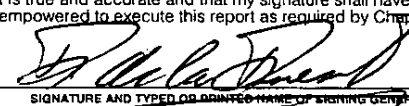


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 05 MAR 11 AM 9:43

DOCUMENT # A10103					
1. Entity Name PACA DEVELOPMENT, LTD.					
Principal Place of Business 2415 GRANADA BLVD. CORAL GABLES, FL 33134		Mailing Address 2415 GRANADA BLVD. CORAL GABLES, FL 33134			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		01172005 Chg-LP CR2E003 (10/03) 4. FEI Number 59-2183631 Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DE LA FUENTE, FRANCISCO 2415 GRANADA BLVD. CORAL GABLES, FL 33134			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$100,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$100,000			
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 #	F23105	STREET ADDRESS			
NAME	PACOLO, INC.	CITY-ST-ZIP			
STREET ADDRESS	2415 GRANADA BLVD.				
CITY-ST-ZIP	CORAL GABLES, FL				
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #		STREET ADDRESS	700049108927		
NAME		CITY-ST-ZIP	03/24/05--01050--020 **263.12		
STREET ADDRESS			700049108927		
CITY-ST-ZIP			03/24/05 01050 021 **263.13		
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #		STREET ADDRESS			
NAME		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: 		Date: 3/17/05		Daytime Phone #: 305/444-0875	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #	
FRANCISCO DE LA FUENTE					

STAPLE CHECK HERE