


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 01, 2005 08:00 A
Secretary of State

DOCUMENT # A23976		
1. Entity Name PADULA FAMILY LIMITED PARTNERSHIP		


Principal Place of Business 750 SOUTHEAST THIRD AVE. SUITE 100 FT LAUDERDALE, FL 33316	Mailing Address 750 SOUTHEAST THIRD AVE. SUITE 100 FT LAUDERDALE, FL 33316
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01122005 Chg-LP CR2E003 (10/03)

4. FEI Number 58-6240682	Applied For 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 KAPLAN, RUSSELL D ESQUIRE 750 SOUTHEAST 3RD AVE. SUITE 100 FORT LAUDERDALE, FL 33316
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature typed or printed name of registered agent and title if applicable.</small>	DATE _____
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9. Capital Contributions as Shown on record. \$708,200.00	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 #	G92339000075	STREET ADDRESS	
NAME	PADULA REVOCABLE TRUST	CITY-ST-ZIP	
STREET ADDRESS	758 PASEO MIRAMAR		
CITY-ST-ZIP	PACIFIC PALISADES, CA 90272		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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03/01/05-80033-007 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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: <i>Lisa Visca</i> LISA VISCA, general partner, 2-24-05 *310-459-4673	Date	Daytime Phone #
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