

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR -8 PM 2: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A26722

1. Entity Name
SILVER EAGLE DISTRIBUTORS LTD.



Principal Place of Business
1000 PARK OF COMMERCE BLVD.
HOMESTEAD, FL 33035

Mailing Address
1000 PARK OF COMMERCE BLVD.
HOMESTEAD, FL 33035



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

65-0064127

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAZQUEZ-BELLO, CLEMENTE L., ESQ.
VALDES-FAULI, COBB & PETREY, P.A.
#3400, ONE BISCAYNE TWR, 2 S. BISCAYNE BLV
MIAMI, FL 33131

Name Ramon Oyarzun

Street Address (P.O. Box Number is Not Acceptable)

1000 PARK OF COMMERCE BLVD.

City HOMESTEAD

FL

Zip Code
33035

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

[Signature]

Signature, typed or printed name of registered agent and fee if applicable.

DATE

9. Capital Contributions
as Shown on record. \$5,860,900.00

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 # P95000018019
NAME RFO, INC.
STREET ADDRESS 7409 S.W. 168 TERRACE
CITY-ST-ZIP MIAMI, FL 33157

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT # P99000018628
NAME CHACE, INC.
STREET ADDRESS 1000 PARK OF COMMERCE BLVD.
CITY-ST-ZIP HOMESTEAD, FL 33035

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/18/05

305-230-2337

Date

Daytime Phone #

STAPLE CHECK HERE