

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED

2005 APR 28 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04202005 Chg-LP CR2E003 (10/03)

4. FEI Number  
65-0177670

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

### 6. Name and Address of Current Registered Agent

ARROYO, NANCY  
ARROYO PROFESSIONAL ASSOCIATION  
6701 SUNSET DRIVE, SUITE 104  
MIAMI, FL 33143

### 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
One Datan Center, Suite 1602  
9100 S. Dadeland Blvd.  
City Miami FL Zip Code 33156

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

DATE

9. Capital Contributions as Shown on record. \$401,000.00

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

DOCUMENT #	
NAME	FERNANDO L. SUMAZA
STREET ADDRESS	CARRETERA 64 EDIFICIO 3060
CITY-ST-ZIP	MAYAGUEZ, PUERTO RICO 00680, PR
DOCUMENT #	
NAME	DIANA SANTOS DE SUMAZA
STREET ADDRESS	CARRETERA 64 EDIFICIO 3060
CITY-ST-ZIP	MAYAGUEZ, PUERTO RICO 00680, PR
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

### 13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	600054928266 05/23/05--01005--011 **535.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/27/05 (781) 831-6030

STAPLE CHECK HERE