


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

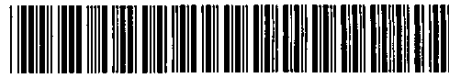
<b>DOCUMENT # A32519</b> 1. Entity Name <b>TOMARI COMPANY, LTD.</b>	
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
  
05 MAR -7 AM 9:31

Principal Place of Business <b>% ANA C. FUENTES</b> <b>1787 SW 7TH STREET, APT. #6</b> <b>MIAMI FL 33135</b>	Mailing Address <b>1830 NW 5TH STREET</b> <b>MIAMI FL 33125</b>
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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

*[Handwritten signature]*



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent  <b>FUENTES, ANA C.</b> <b>1830 NW 5TH STREET</b> <b>MIAMI FL 33125</b> <i>2910 Point East Dr</i> <i># M-108</i> <i>AVENUE FL 33160</i>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. <b>\$140,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**11. FILE NOW!!! Due by May 1, 2005.**  
 See Block 11 instructions for fee info.

**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	
	<b>FUENTES, ANA C.</b>		
	<b>1830 NW 5TH STREET</b>	CITY-ST-ZIP	
	<b>MIAMI FL 33125</b>		
DOCUMENT #	NAME	STREET ADDRESS	
		CITY-ST-ZIP	
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		CITY-ST-ZIP	

**200048106602**  
 03/11/05--01007--005 \*\*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:** *Ana C. Fuentes* 2-12-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE