


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY SEPTEMBER 7, 2005**

DOCUMENT # A93000001108		
1. Entity Name YZAGUIRRE FAMILY LTD.		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 AUG 29 AM 11:06

Principal Place of Business P.O. BOX 210937 ROYAL PALM BEACH FL 33421	Mailing Address P.O. BOX 210937 ROYAL PALM BEACH FL 33421
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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

2nd MOORE CR2E003 (5/05)

FEI Number 65-0450416

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  YZAGUIRRE, ANDRES 13399 DOUBLE TREE CIRCLE WELLINGTON FL 33414	
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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

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.

**11. FILE NOW!!! Due by September 7, 2005!**  
See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee. ☒

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

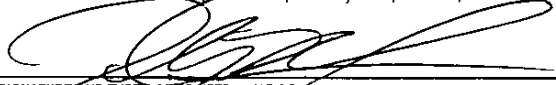
9. Capital Contributions as Shown on record. \$200,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	YZAGUIRRE, ANDRES	STREET ADDRESS	
NAME	1913 CANTERBURY CIRCLE	CITY-ST-ZIP	
STREET ADDRESS	WELLINGTON FL 33414		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	400059610954
NAME		CITY-ST-ZIP	09/14/05--01027--011 **526.25
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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:  8/24/05 061-7533166