

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Jan 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A93000001361</b>					
<b>1. Entity Name</b> STEWART FAMILY LIMITED PARTNERSHIP					
<b>Principal Place of Business</b> 8510 N.W. 56TH STREET MIAMI, FL 33166			<b>Mailing Address</b> 8510 N.W. 56TH STREET MIAMI, FL 33166		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01212005    Chg-LP    CR2E003 (10/03)	
<b>4. FEI Number</b> 65-0460193				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
LAW OFFICES OF AINSLEE R. FERDIE 717 PONCE DE LEON BLVD., SUITE 215 CORAL GABLES, FL 33134			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL    Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>9. Capital Contributions as Shown on record.</b> \$5,000,000.00					
<b>10. Amount of Capital Contributions in FLORIDA to date.</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
<b>DOCUMENT #</b> P93000079053	<b>NAME</b> 8510 CORP.		<b>STREET ADDRESS</b>		
<b>STREET ADDRESS</b> 8510 N.W. 56TH STREET	<b>CITY - ST - ZIP</b> MIAMI, FL 33166		<b>CITY - ST - ZIP</b>		
<b>DOCUMENT #</b>	<b>NAME</b>		<b>STREET ADDRESS</b>		
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<b>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</b>					
<b>SIGNATURE:</b> _____			1-21-05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date    Daytime Phone #</small>		

STAPLE CHECK HERE