

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

DOCUMENT #.A94000000487

1. Entity Name

LUCKY START, A LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 30 AM 10:39

Principal Place of Business Mailing Address
12515 N. KENDALL DR. SUITE 328 12515 N. KENDALL DR. SUITE 328
MIAMI FL 33186 MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

[Signature]



1ST MOORE

CR2E003 (10/04)

4. FEI Number 65-0560227

Applied For
Not Applicable

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

BALESTENA, ANTONIO
12515 N. KENDALL DR., SUITE 328
MIAMI FL 33186

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.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record.

\$100,000.00

10. Amount of Capital Contributions in FLORIDA to date.

— 0 —

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

DOCUMENT # L48018
NAME LUCKY START, INC.
STREET ADDRESS 832 CORAL WAY
CITY-ST-ZIP CORAL GABLES FL 33134

DOCUMENT # P93000088152
NAME ABAL INVESTMENTS, INC.
STREET ADDRESS 832 CORAL WAY
CITY-ST-ZIP CORAL GABLES FL 33134

DOCUMENT # P93000088210
NAME FERREN, INC.
STREET ADDRESS 832 CORAL WAY
CITY-ST-ZIP CORAL GABLES FL 33134

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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000050093860
04/07/05 01011 000 **150.00

14. I, by 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 included 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

Date

Daytime Phone #

STAPLE CHECK HERE