

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 26 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A94000000635

1. Entity Name  
CODINA FAMILY INVESTMENTS, LTD.



Principal Place of Business  
355 ALHAMBRA CIRCLE, SUITE 900  
CORAL GABLES, FL 33134

Mailing Address  
355 ALHAMBRA CIRCLE, SUITE 900  
CORAL GABLES, FL 33134



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

65-0497762

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HENRY BEFELER  
355 ALHAMBRA CIRCLE, SUITE 900  
CORAL GABLES, FL 33134

Name Kathleen O.P. Cobb Esq.

Street Address (P.O. Box Number is Not Acceptable)  
355 Alhambra Circle,

Suite 900

City Coral Gables

FL

Zip Code  
33134

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

Kathleen O.P. Cobb  
Signature, typed or printed name of registered agent and title if applicable.

4/21/05

DATE

9. Capital Contributions  
as Shown on record. \$49,500.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P94000022789  
NAME CODINA INVESTMENTS, INC.  
STREET ADDRESS 355 ALHAMBRA CIRCLE, SUITE 900  
CITY-ST-ZIP CORAL GABLES, FL 33134

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

600054349926

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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:

Kathleen O.P. Cobb  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/21/05

Date

305.520.2344

Daytime Phone #

STAPLE CHECK HERE