


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # A95000000840	
1. Entity Name ALVAREZ & ALVAREZ, LTD.	

Principal Place of Business 2810 SAFE HARBOR DR. TAMPA, FL 33618-4538	Mailing Address 2810 SAFE HARBOR DR. TAMPA, FL 33618-4538
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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



01042005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3320775		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
ALVAREZ, SERGIO 2810 SAFE HARBOR DR. TAMPA, FL 33618-4538		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$2,000,000.00**

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 #	NAME	STREET ADDRESS	
STREET ADDRESS	ALVAREZ, SERGIO	CITY-ST-ZIP	
CITY-ST-ZIP	2810 SAFE HARBOR DR. TAMPA, FL 336184538		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	ALVAREZ, ZENIA	CITY-ST-ZIP	
CITY-ST-ZIP	2810 SAFE HARBOR DR. TAMPA, FL 336184538		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	ALVAREZ, DENNIS	CITY-ST-ZIP	
CITY-ST-ZIP	14105 RIVERSTONE DR. TAMPA, FL 33624		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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: *Dennis Alvarez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date *1/2/05* Daytime Phone # *813-935-9316*

STAPLE CHECK HERE