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

## **FILED** Mar 18, 2005 08:00 AM Secretary of State DOCUMENT # A95000002016 CIOÉTA FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 3120 SW 118TH TERRACE 3120 SW 118TH TERRACE DAVIE, FL 33330 DAVIE, FL 33330 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052005 Chg-LP CB2F003 (10/03) City & State City & State Applied For 4. FEI Number 65-0633308 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CIOETA, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 3120 SW 118TH TERRACE DAVIE, FL 33330 Zio 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 SIGNATURE Synature speed of printed name of registered agent and rite if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions as Shown on record \_\$6,000,000.00 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME CIOETA, ANTONIO TRUSTEE STREET ADDRESS 3120 SW 118TH TERRACE U00000267700 CITY ST ZIP CITY ST ZIP **DAVIE, FL 33330** <u> 03/19/05-90014-001 524</u> DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY ST ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST ZIP CITY ST ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST ZIP CITY-ST ZIP DOCUMENT # STREET ADDRESS LAME STREET ADDRESS CITY ST ZIP CITY ST ZIP DOCUMENT# STREET ADDRESS NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(\*). 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 precute this report as required by Chapter 620, Florida Statutes

CITY ST ZIP

STAPLE

STREET ADDRESS

SIGNATURE