


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000000294 1. Entity Name THE PLANAS FAMILY LIMITED PARTNERSHIP					
Principal Place of Business C/O JUAN E. PLANAS 1010 BAYAMO AVE. CORAL GABLES, FL 33146			Mailing Address C/O JUAN E. PLANAS 1010 BAYAMO AVE. CORAL GABLES, FL 33146		
2. Principal Place of Business Suite, Apt. #, etc. _____			3. Mailing Address Suite, Apt. #, etc. _____		
City & State _____			City & State _____		
Zip _____ Country _____		Zip _____ Country _____		04112005 Chg-LP CR2E003 (10/03)	
4. FEI Number 65-0628290				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 PLANAS, JUAN E 1010 BAYAMO AVENUE CORAL GABLES, FL 33146			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and file if applicable</small>					
9. Capital Contributions as Shown on record. \$495,000.00			10. Amount of Capital Contributions in FLORIDA to date \$269,390		
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		
NAME	PLANAS, JUAN E		CITY - ST - ZIP		
STREET ADDRESS	1010 BAYAMO AVE.		CITY - ST - ZIP		
CITY - ST - ZIP	CORAL GABLES, FL 33146		STREET ADDRESS		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____			JUAN E. PLANAS		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date 4/12/05		
			Day/ Month/ Year 305-667-4426		



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