

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

<b>DOCUMENT # A96000000305</b>			
1. Entity Name <b>K. A. CAERAL HOLDINGS, LTD.</b>			
Principal Place of Business <b>5765 S.W. 113TH STREET MIAMI FL 33156</b>		Mailing Address <b>5765 S.W. 113TH STREET MIAMI FL 33156</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB -2 AM 11:48



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent <b>RAZOOK, RICHARD J % CARDINAL MANAGEMENT LLC 800 BRICKELL AVE., SUITE 201 MIAMI FL 33131</b>				7. Name and Address of New Registered Agent Name <b>RICHARD J RAZOOK</b> Street Address (P.O. Box Number is Not Acceptable) <b>5765 SW 113 ST</b> City <b>MIAMI</b> FL Zip Code <b>33156</b>			
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 <b>January 31, 2005</b> 11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.							
9. Capital Contributions as Shown on record. <b>\$500,000.00</b>				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 CITY-ST-ZIP	<b>S44702 K. A. CAERAL CORPORATION 5765 S.W. 113TH STREET MIAMI FL 33156</b>	STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>100046488261 02/14/05--01014--002 **526.25</b>
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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**January 27, 2005** (305) 669-1142  
Date Daytime Phone #

STAPLE CHECK HERE