


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

**FILED**  
**Jan 25, 2005 08:00 AM**  
**Secretary of State**

|  |                        |         |  |  |  |
|--|------------------------|---------|--|--|--|
| <b>DOCUMENT # A96000000829</b><br>1. Entity Name<br><b>MAGNIFICENT SEVEN T'S LTD.</b>  |                        |         |  |   |  |
| Principal Place of Business<br><b>6880 S.W. 132ND STREET</b><br><b>MIAMI, FL 33156</b>   |                        |         | Mailing Address<br><b>6880 S.W. 132ND STREET</b><br><b>MIAMI, FL 33156</b> |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |                        |         | 3. Mailing Address<br>Suite, Apt. #, etc.                                  |  |  |
| City & State   |                        |         | City & State   |  |  |
| Zip  |                        | Country |  | Zip  |  |
| Country  |                        | Country |  | 4. FEI Number<br><b>65-0671695</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                        |         |  | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><b>M&amp;W AGENTS, INC.</b><br><b>2101 CORPORATE BLVD., STE. 107</b><br><b>BOCA RATON, FL 33431</b>   |                        |         |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |                        |         |  |  |  |
| 9. Capital Contributions as Shown on record. <b>\$4,000,000.00</b>   |                        |         | 10. Amount of Capital Contributions in FLORIDA to date.                    |  |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>  |                        |         |  |  |  |
| <b>12. GENERAL PARTNER INFORMATION</b>   |                        |         | <b>13. ADDRESS CHANGES ONLY</b>  |  |  |
| DOCUMENT #   | P96000025992           |         | STREET ADDRESS   |  |  |
| NAME   | TEJADA HOLDINGS, INC.  |         | CITY-ST-ZIP  |  |  |
| STREET ADDRESS   | 6880 S.W. 132ND STREET |         | CITY-ST-ZIP  |  |  |
| CITY-ST-ZIP  | MIAMI, FL 33156        |         | CITY-ST-ZIP  |  |  |
| DOCUMENT #   |                        |         | STREET ADDRESS   |  |  |
| NAME   |                        |         | CITY-ST-ZIP  |  |  |
| STREET ADDRESS   |                        |         | CITY-ST-ZIP  |  |  |
| CITY-ST-ZIP  |                        |         | CITY-ST-ZIP  |  |  |
| DOCUMENT #   |                        |         | STREET ADDRESS   |  |  |
| NAME   |                        |         | CITY-ST-ZIP  |  |  |
| STREET ADDRESS   |                        |         | CITY-ST-ZIP  |  |  |
| CITY-ST-ZIP  |                        |         | CITY-ST-ZIP  |  |  |
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| STREET ADDRESS   |                        |         | CITY-ST-ZIP  |  |  |
| CITY-ST-ZIP  |                        |         | CITY-ST-ZIP  |  |  |
| DOCUMENT #   |                        |         | STREET ADDRESS   |  |  |
| NAME   |                        |         | CITY-ST-ZIP  |  |  |
| STREET ADDRESS   |                        |         | CITY-ST-ZIP  |  |  |
| 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. |                        |         |  |  |  |
| <b>SIGNATURE:</b> <i>Fraucteo Tejeda</i>   |                        |         | <b>DATE:</b> JAN. 15-2005 (305) 251-4540                                   |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>  |                        |         | <small>Date Daytime Phone #</small>  |  |  |

STAPLE CHECK HERE