


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

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000001024</b>	
1. Entity Name <b>DOMINGUEZ, LTD.</b>	

Principal Place of Business <b>7911 NOREMAC AVE. MIAMI BEACH FL 33141</b>	Mailing Address <b>7911 NOREMAC AVE. MIAMI BEACH FL 33141</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>DOMINGUEZ, DIMAS 7911 NOREMAC AVE. MIAMI BEACH FL 33141</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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

**11. FILE NOW!!! Due by May 1, 2005.**  
**See Block 11 instructions for fee info.**

9. Capital Contributions as Shown on record. <b>\$1,568,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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	
	<b>DOMINGUEZ, DIMAS</b>		
	<b>7911 NOREMAC AVE.</b>	CITY - ST - ZIP	
	<b>MIAMI BEACH FL 33141</b>		
DOCUMENT #	NAME	STREET ADDRESS	
	<b>DOMINGUEZ, CELSO</b>		
	<b>7933 NOREMAC AVE.</b>	CITY - ST - ZIP	
	<b>MIAMI BEACH FL 33141</b>		
DOCUMENT #	NAME	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
		CITY - ST - ZIP	

RECORDED  
02/28/05 08:00 AM

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: *Dimas Dominguez*  
SIGNATURE AND TYPE (OR PRINTED NAME OF SIGNING GENERAL PARTNER)

**(305)**  
**2/22/05 864-4380**  
Date Daytime Phone #

*Dimas Dominguez*

STAPLE CHECK HERE