

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A96000001198		
1. Entity Name GRAU FAMILY LIMITED PARTNERSHIP		

Principal Place of Business 2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133	Mailing Address 2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
2005 MAY -2 AM 10: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01242005 Chg-LP CR2E003 (10/03)

4. FEI Number 98-0161520	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WORLD CORPORATE SERVICES, INC. 2665 S. BAYSHORE DR., SUITE #703 MIAMI, FL 33133		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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,600,000.00	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	
STREET ADDRESS	GRAU, JUAN	CITY-ST-ZIP	
CITY-ST-ZIP	HUERTA NO. 1, COLONIA LA VIRGEN ESTADO DE MEXICO, MEXICO.		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	GRAU, ELENA	CITY-ST-ZIP	
CITY-ST-ZIP	HUERTA NO. 1, COLONIA LA VIRGEN ESTADO DE MEXICO, MEXICO.		
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CITY-ST-ZIP			

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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:  JUAN GRAU FEB 2, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE