


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 APR -4 AM 8:22

DOCUMENT # A96000001429							
1. Entity Name LAVMOR, LTD.							
Principal Place of Business 1303 N.W. 78 AVE. MIAMI, FL 33126			Mailing Address 338 MINORCA AVENUE CORAL GABLES, FL 33134				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		03292005 Chg-LP CR2E003 (10/03)			
Zip		Country		4. FEI Number 65-0692533			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
QUINTANA, J. LUIS ESQ. 338 MINORCA AVENUE CORAL GABLES, FL 33134			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 title if applicable.</small>							
9. Capital Contributions as Shown on record. \$594,000.00		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 #	P96000060050		STREET ADDRESS				
NAME	FERN MANAGEMENT CORP.		CITY-ST-ZIP				
STREET ADDRESS	1303 N.W. 78 AVE.						
CITY-ST-ZIP	MIAMI, FL 33126						
DOCUMENT #			STREET ADDRESS				
NAME			CITY-ST-ZIP				
STREET ADDRESS							
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STREET ADDRESS							
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							
SIGNATURE: 			Date: 7/18/05		Daytime Phone #: (305) 594-1121		

STAPLE CHECK HERE