2005 LIMITED PARTNERSHIP ANNUAL REPORT Feb 22, 2005 08:00 AM

Due By May 1, 2005					C4 f C4-4-			
DOCUMENT # A9600001474  1. Entity Name PLUMMER FAMILY INVESTMENTS, LTD.					Secretary of State			
Principal Place of Business Mail		Mailing Address		,			· , •.	
3516 DURANGO STREET CORAL GABLES, FL 33134		3516 DURANGO STREET CORAL GABLES, FL 33134		İ				
					 	 		#:##:  ##!  #:#!# ( #!  ##
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #. etc.		Suite, Apt. #, etc.		02032005	Chg-LP	CR2E00	3 (10/03)	
City & State		City & State		4. FEI Number 65-0693	697		Applied For Not Applicable	
Zip Country		Zip	Соцг	ntry	5. Certificate o	Status Desired		8.75 Additional ee Required
6. Name and	Address of Current Reg	istered Agent		Name	7. Name and A	ddress of New R	egistered Aç	pent
PLUMMER, KATHLEEN R								
3516 DURANGO STREET CORAL GABLES, FL 33134				Street Address (P.O. Box Number is Not Acceptable)				
				City	FL Zip Code			
The above named entity sub the obligations of registered	omits this statement for the agent	e purpose of changing its	s register	ed office or register	ed agent, or both	, in the State of Flo	orida. I am fa	miliar with, and accept
SIGNATURE Signature, typod or prin	tod name of registered agent and t	Itie if applicable.		· · · · · · · · · · · · · · · · · · ·	<del></del>		DATE	
9. Capital Contributions as Shown on record. \$1,633,500.00 10. Amount of Capital Contributions in FLORIDA to date				butions				
A GENI NOTE: Ge	ERAL PARTNER THA	AT IS A BÜSINESS EN	NTITY N	UST BE REGIŜT n; an amendmen	TERED AND AC	CTIVE WITH TH to change a g	IS OFFICE	ner.
12.	ĞENERAL PARTNER İN		13.			ADDRESS CH.		
DOCUMENT # P96000025298  NAME PLUMMER INVESTMENTS, INC. STREEL ADDRESS 3516 DURANGO STREET		· ·	STR	EET ADDRESS		·		· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS 3516 DURANGO STREET CITY-ST-ZIP CORAL GABLES, FL 33134			CITY	Y-ST-ZIP		_		
DOCUMENT # MAME		STR	EET ADORESS	Li00000239252				
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STREET ADDRESS CITY-SY-ZIP		<u> </u>	СП	y-SI-ZIP	·			
DOCUMENT # NAME			STR	REET ADDRESS				
STREET ADDRESS CITY-SI-ZIP				Y-ST-ZIP				
14. I hereby certify that the infi indicated on this report is t the receiver or trustee emp	ormation supplied with thi true and accurate and that powered to execute this re	is filing does not qualify for at my signature shall have sport as required by tha	or the exe e the sam over 620,	emption stated in Sé ne legal effect as if r Florida Statutes	ection 119.07(3)(I) made under oath,	, Florida Statutes. that I am a Gener	I further certi al Partner of t	fy that the information he limited partnership o