

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

FILED
Apr 22, 2005 8:00 am
Secretary of State



| | | | |
|--|---------|--|---------|
| DOCUMENT # A96000001595 | | | |
| 1. Entity Name LETO BROTHERS FAMILY PARTNERSHIP, LTD. | | | |
| Principal Place of Business 3100 STIRLING RD. HOLLYWOOD FL 33021 | | Mailing Address 3100 STIRLING RD. HOLLYWOOD FL 33021 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1ST MOORE CR2E003 (10/04)

| | | | | |
|--|--|--|--|---------------------------------------|
| 4. FEI Number 65-0694347 | | | | 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 | |
| GLASSER, GENE K % ABRAMS, ANTON, ROBBINS, RESNICK ET AL 2021 TYLER ST. HOLLYWOOD FL 33022 | | | 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

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

| | |
|--|---|
| 9. Capital Contributions as Shown on record. \$1,000,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. 1,000,000.00 |
|--|---|

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 # | LETO, JOHN A SR. | STREET ADDRESS | 2550 NOAH PLACE |
| NAME | 5121 JACKSON STREET | CITY-ST-ZIP | DAVIE FL 33325 |
| STREET ADDRESS | HOLLYWOOD FL 33021 | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | LETO, PETER J SR. | STREET ADDRESS | |
| NAME | 3535 BROKENWOODS DRIVE | CITY-ST-ZIP | |
| STREET ADDRESS | CORAL SPRINGS FL 33065 | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | 500054038995 |
| STREET ADDRESS | | | 05/03/05--01016--009 **526.25 |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

STAPLE CHECK HERE

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 X *John A. Leto* **JOHN A. LETO SR** 4/19/05 954-989-9520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #