


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

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000001834		
1. Entity Name THE RESTREPO FAMILY LIMITED PARTNERSHIP #1		

Principal Place of Business <input type="checkbox"/>	Mailing Address
% TAURUS/GEMINI CORP. 3802 N.E. 207TH STREET, #2303 AVENTURA FL 33180	% RAFAEL RESTERO 3802 NE 207 STREET, APT 2303 AVENTURA FL 33180

2. Principal Place of Business <input type="checkbox"/>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent	
RESTREPO, RAFAEL F 3802 N.E. 207TH STREET, #2303 AVENTURA FL 33180	

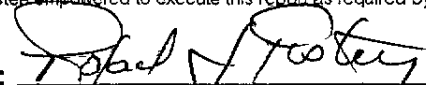
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
9. Capital Contributions as Shown on record. \$638,000.00	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 #	P96000073072	STREET ADDRESS	U00000229967
NAME	TAURUS/GEMINI CORP.	CITY- ST- ZIP	02/15/05-80023-010 526.25
STREET ADDRESS	3802 N.E. 207TH STREET, #2303		
CITY- ST- ZIP	AVENTURA FL 33180		
DOCUMENT #		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:  **02.03.05 305.4778899**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE