

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # A96000001834 1. Entity Name THE RESTREPO FAMILY LIMITED PARTNERSHIP #1					
Principal Place of Business % TAURUS/GEMINI CORP. 3802 N.E. 207TH STREET, #2303 AVENTURA, FL 33180			Mailing Address % RAFAEL RESTERO 3802 NE 207 STREET, APT 2303 AVENTURA, FL 33180		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0697942	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____	
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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 #	P96000073072		STREET ADDRESS		
NAME	TAURUS/GEMINI CORP.		CITY - ST - ZIP		
STREET ADDRESS	3802 N.E. 207TH STREET, #2303				
CITY - ST - ZIP	AVENTURA, FL 33180				
DOCUMENT #			STREET ADDRESS		
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NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:			01-16-06 205 773 2699		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		



01092006 Chg-LP CR2E003 (11/05)

4. FEI Number 65-0697942 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

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 STREET ADDRESS 3802 N.E. 207TH STREET, #2303
 CITY - ST - ZIP AVENTURA, FL 33180

13. ADDRESS CHANGES ONLY

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SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01-16-06 205 773 2699
Date Daytime Phone #

STAPLE CHECK HERE