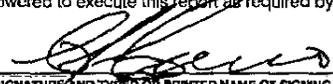


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Apr 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # A96000002050					
1. Entity Name CUERVO FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 4411 WEST TAMPA BAY BLVD. TAMPA, FL 33622			Mailing Address 4411 WEST TAMPA BAY BLVD. TAMPA, FL 33622		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3411258	
Zip		Country		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		
CUERVO, CHARLES JR. 4411 WEST TAMPA BAY BLVD. TAMPA, FL 33622			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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. \$5,000,000.00			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 #	NAME		STREET ADDRESS		
	CUERVO, CHARLES JR.				
	4411 WEST TAMPA BAY BLVD.		CITY-ST-ZIP		
	TAMPA, FL 33622				
DOCUMENT #	NAME		STREET ADDRESS		
	CUERVO, CARLOS J				
	4411 WEST TAMPA BAY BLVD.		CITY-ST-ZIP		
	TAMPA, FL 33622				
DOCUMENT #	NAME		STREET ADDRESS		
	CUERVO, ALMA E				
	30 PARK AVENUE, APT. 14E		CITY-ST-ZIP		
	NEW YORK, NY 10016				
DOCUMENT #	NAME		STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	NAME		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: 			CARLOS J CUERVO		04-01-05 813 873 7117
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>



STAPLE CHECK HERE