


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

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000002395	
1. Entity Name BUSCEMI FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 11314 WESTLAND CIRCLE BOYNTON BEACH FL 33437	Mailing Address 11314 WESTLAND CIRCLE BOYNTON BEACH FL 33437
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 65-0553990	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BUSCEMI, IRNA 11314 WESTLAND CIRCLE BOYNTON BEACH FL 33437	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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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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	
9. Capital Contributions as Shown on record \$555,300.00	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 CITY - ST - ZIP	P01000079318 BUSCEMI HOLDINGS, INC. 11314 WESTLAND CIRCLE BOYNTON BEACH FL 33437	STREET ADDRESS CITY - ST - ZIP	
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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: Irna Buscemi Irna Buscemi 4/19/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #