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

Feb 02, 2005 08:00 AM DOCUMENT # A9700000204 **Secretary of State** 1. Entity Name ANTUN FAMILY PARTNERS, LTD. Mailing Address Principal Place of Business 3057 VIA NAPOLI DEERFIELD BEACH FL 33442 3057 VIA NAPOLI DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. **1ST MOORE** CR2E003 (10/04) Applied For City & State City & State 4. FEI Number 65-0744058 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRADEN, LISA Street Address (P.O. Box Number is Not Acceptable) 4623 FOREST HILL BLVD. WEST PALM BEACH FL 33415 Zip Code 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. 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE Signature, typed or printed name of registered agent and title if approable See Block 11 instructions for fee info. DATE 10. Amount of Capital Contributions 9. Capital Contributions \$3,486,373.00 in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. DOCUMENT # STREET ADDRESS REDNOR, JOAN TRUSTEE MANAF STREET ADDRESS 3057 VIA NAPOLI CATY-SI-18 CITY-ST-ZIP DEERFIELD BEACH FL 33442 02/02/05-80012-002 526.25 DOCUMENT # STREET ADDRESS REDNOR, JOAN MAKE STREET ADDRESS 3057 VIA NAPOLI CITY-ST-ZIP CRY-ST-ZIP DEERFIELD BEACH FL 33442 DOCUMENT # STREET ADDRESS NAME REDNOR, CHARLES STREET ADDRESS 3057 VIA NAPOLI CITY-ST-21P CITY-ST-ZIP DEERFIELD BEACH FL 33442 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS OTY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHY-S1-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST ZIP CHY-SI-BP 14. I hereby certify that the information supplied with this filling 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

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