

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A97000000694

**FILED**  
**Apr 28, 2005**  
**Secretary of State**

**Entity Name:** THE FARES FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

3762 BUCKSKIN TRAIL EAST  
JACKSONVILLE, FL 32277

**New Principal Place of Business:**

**Current Mailing Address:**

3762 BUCKSKIN TRAIL EAST  
JACKSONVILLE, FL 32277

**New Mailing Address:**

FEI Number: 59-3439290

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FARES, JOSEPH DR.  
4306 UNIVERSITY BLVD. SOUTH  
JACKSONVILLE, FL 32216 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Capital Contributions as Shown on record:** 4,000,000.00

**Amount of Capital Contributions in Florida to date:** 4,000,000.00

**GENERAL PARTNER INFORMATION:**

Document #: P97000019882  
Name: MACIBO, INC.  
Address: 3762 BUCKSKIN TRAIL EAST  
City-St-Zip: JACKSONVILLE, FL 32277

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOSEPH FARES

\_\_\_\_\_ Electronic Signature of Signing General Partner

04/28/2005

\_\_\_\_\_ Date