


2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -4 AM 9:55

DOCUMENT # A9700000757					
1. Entity Name THE RAMON MIYAR FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 2655 LE JEUNE ROAD, #1015 CORAL GABLES, FL 33134			Mailing Address 2655 LE JEUNE ROAD, #1015 CORAL GABLES, FL 33134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03022005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-0752671	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GARCIA, EILEEN 2588 SW 27 AVENUE MIAMI, FL 33133-2143			Name PILAR MORENO-MIYAR		
			Street Address (P.O. Box Number is Not Acceptable) 12042 SW 10 TERRACE		
			City MIAMI		
			FL		Zip Code 33184
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 <i>Pilar Moreno Miyar</i>				DATE 3/3/05	
Signature, typed or printed name of registered agent and title if applicable.					
9. Capital Contributions as Shown on record. \$372,446.99		10. Amount of Capital Contributions in FLORIDA to date. \$373,000.00			
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 #	NAME		STREET ADDRESS		
NAME	MIYAR, RAMON				
STREET ADDRESS	12042 S.W. 10TH TERRACE		CITY-ST-ZIP	400048121334	
CITY-ST-ZIP	MIAMI, FL 33184			03/10/05--01007--005 **535.00	
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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: <i>Ramon Miyar, General Partner (RAMON MIYAR)</i> 03/03/2005 (305) 503-2320					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					
Date					
Daytime Phone #					

STAPLE CHECK HERE