

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

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

DOCUMENT # A97000001755

1. Entry Name
ROQUE, LTD.



Principal Place of Business
5646 N.W. 35 COURT
MIAMI, FL 33142

Mailing Address
5646 N.W. 35 COURT
MIAMI, FL 33142



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

65-0800659

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUINA, MARGARITA P
21ST FLOOR, NEW WORLD TOWER
100 N. BISCAYNE BLVD.
MIAMI, FL 33132-2306

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature Typed or printed name of registered agent and title if applicable

04/19/05
DATE

9. Capital Contributions
as Shown on record. \$1,000.00

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 # 522351
NAME ROQUE BROS. CORP.
STREET ADDRESS 5646 N.W. 35 COURT
CITY-ST-ZIP MIAMI, FL 33142

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # P96000098912
NAME 5640 CORPORATION
STREET ADDRESS 5646 N.W. 35 COURT
CITY-ST-ZIP MIAMI, FL 33142

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

000000345266
04/30/05-80069-009 141.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE