
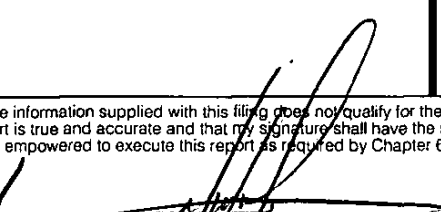


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
05 APR 21 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A97000001758			
1. Entity Name TORRES FAMILY INVESTMENT COMPANY, LTD.			
Principal Place of Business 135 WEST 49TH STREET HIALEAH, FL 33012		Mailing Address 135 WEST 49TH STREET HIALEAH, FL 33012	
2. Principal Place of Business		3. Mailing Address 5742 West 2nd Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Hialeah, FL	
Zip	Country	Zip	Country
		33012	MIAMI DADE
6. Name and Address of Current Registered Agent TORRES, ORLANDO F M.D. 135 WEST 49TH STREET HIALEAH, FL 33012		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$725,000.00		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 #	ORLANDO F. TORRES AS TRUSTEE	STREET ADDRESS	5742 West 2nd Court
NAME	135 WEST 49TH STREET	CITY-ST-ZIP	Hialeah, Florida 33012
STREET ADDRESS	HIALEAH, FL 33012		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	800054038218
STREET ADDRESS			05/09/05--01010--012 **\$35.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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: 		Date: 2-7-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #: 305 825-0500	

STAPLE CHECK HERE