

**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 <b>5742 West 2nd Court</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Hialeah, FL</b>	
Zip	Country	Zip	Country <b>MIAMI DADE</b>
		01212005	Chg-LP CR2E003 (10/03)
4. FEI Number 65-0407411		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 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		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	
Signature, typed or printed name of registered agent and title if applicable.			
9. Capital Contributions as Shown on record. \$725,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	ORLANDO F. TORRES AS TRUSTEE	STREET ADDRESS	<b>5742 West 2nd Court</b>
NAME	135 WEST 49TH STREET	CITY-ST-ZIP	<b>Hialeah, Florida 33012</b>
STREET ADDRESS	HIALEAH, FL 33012		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	<b>800054038218</b>
STREET ADDRESS			<b>05/09/05--01010--012 **\$35.00</b>
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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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	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		2-7-05	305 825-0500

STAPLE CHECK HERE