


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000053
AT

DOCUMENT # A97000001758 1. Entity Name TORRES FAMILY INVESTMENT COMPANY, LTD.	
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FILED

03 APR 28 AM 10: 20

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business 135 WEST 49TH STREET HIALEAH FL 33012	Mailing Address 135 WEST 49TH STREET HIALEAH FL 33012
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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DUE BY MAY 1, 2003	
4. FEI Number 65-0407411	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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9. Capital Contributions as Shown on record. \$725,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
NAME	135 WEST 49TH STREET	CITY- ST- ZIP	100017119271
STREET ADDRESS	HIALEAH FL 33012	CITY- ST- ZIP	04/28/03--01013--001 **526.25
CITY- ST- ZIP		STREET ADDRESS	
DOCUMENT #		CITY- ST- ZIP	
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STREET ADDRESS		CITY- ST- ZIP	
CITY- ST- ZIP		STREET ADDRESS	

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: <u>ORLANDO TORRES</u> (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER)	Date: <u>4-22-03</u>	Daytime Phone #: <u>(305) 825-0500</u>
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STAPLE CHECK HERE

CR2E003 (10/02)