

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT


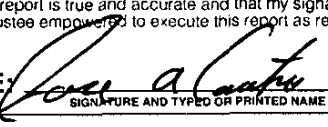
Due By May 1, 2005

FILED

2005 APR 25 PM 12: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|   |                    |     |   |   |  |
|---|--------------------|-----|---|---|--|
| <b>DOCUMENT # A97000002041</b>  |                    |     |   |                |  |
| 1. Entity Name<br><b>CASTRO COMMERCIAL REAL ESTATE FAMILY LIMITED PARTNERSHIP</b>   |                    |     |   |   |  |
| Principal Place of Business<br><b>231 S. BREVARD<br/>ARCADIA, FL 34266</b>  |                    |     | Mailing Address<br><b>C/O ANDREW AMES<br/>128 WEST OAK STREET<br/>ARCADIA, FL 34266</b> |   |  |
| 2. Principal Place of Business  |                    |     | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.   |                    |     | Suite, Apt. #, etc.   |   |  |
| City & State  |                    |     | City & State  |   |  |
| Zip   | Country            | Zip | Country   | 4. FEI Number<br><b>59-3476414</b>  |  |
|   |                    |     |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
|   |                    |     |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>CASTRO, MARIA E<br/>237 SOUTH VOLUSIA AVENUE<br/>ARCADIA, FL 33821</b>  |                    |     | 7. Name and Address of New Registered Agent   |   |  |
|   |                    |     | Name  |   |  |
|   |                    |     | Street Address (P.O. Box Number is Not Acceptable)<br><b>231 S. BREVARD AV.</b>         |   |  |
|   |                    |     | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                    |     |   |   |  |
| 9. Capital Contributions as Shown on record. <b>\$20,500.00</b>   |                    |     | 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><br><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 #  | NAME               |     | STREET ADDRESS  |   |  |
| NAME  | CASTRO, MARIA E    |     | CITY - ST - ZIP   |   |  |
| STREET ADDRESS  | 231 S. BREVARD     |     |   |   |  |
| CITY - ST - ZIP   | ARCADIA, FL 34266  |     |   |   |  |
| DOCUMENT #  | NAME               |     | STREET ADDRESS  |   |  |
| NAME  | CASTRO, JOSE A SR. |     | CITY - ST - ZIP   |   |  |
| STREET ADDRESS  | 231 S. BREVARD     |     |   |   |  |
| CITY - ST - ZIP   | ARCADIA, FL 34266  |     |   |   |  |
| DOCUMENT #  | NAME               |     | STREET ADDRESS  |   |  |
| NAME  |                    |     | CITY - ST - ZIP   |   |  |
| STREET ADDRESS  |                    |     |   |   |  |
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| 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:     |                    |     |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  |                    |     |   |   |  |

STAPLE CHECK HERE

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