


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Feb 16, 2005 08:00 AM
Secretary of State


DOCUMENT # A97000002258 1. Entity Name THE HERNANDEZ-ABAD FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 4799 NORTH FEDERAL HIGHWAY #4 BOCA RATON FL 33431	Mailing Address 4799 NORTH FEDERAL HIGHWAY #4 BOCA RATON FL 33431
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1ST MOORE	CR2E003 (10/04)
4. FEI Number 65-0784537	Applied For Not Applicable

6. Name and Address of Current Registered Agent

RICHMAN, SCOTT G ESQ. 19 W. FLAGLER STREET, 14TH FLOOR MIAMI FL 33040
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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. \$100,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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 #	P98000089526	STREET ADDRESS	
NAME	LAWRENCE REALTY MANAGEMENT, INC.	CITY- ST- ZIP	
STREET ADDRESS	4799 NORTH FEDERAL HIGHWAY #4		
CITY- ST- ZIP	BOCA RATON FL 33431		
DOCUMENT #		STREET ADDRESS	1100000230767
NAME		CITY- ST- ZIP	02/16/05-80001-014 526.25
STREET ADDRESS			
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: 	1/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	
Date	Daytime Phone #

STAPLE CHECK HERE