

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000002949</b>					
<b>1. Entity Name</b> THE SUAREZ FAMILY LIMITED PARTNERSHIP					
<b>Principal Place of Business</b> 301 PACIFIC ROAD KEY BISCAYNE, FL 33149			<b>Mailing Address</b> 301 PACIFIC ROAD KEY BISCAYNE, FL 33149		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0842177	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  TRESCOTT, ROBERT L 2121 PONCE DE LEON BLVD., STE. 900 CORAL GABLES, FL 33134			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
DATE _____					
<b>9. Capital Contributions as Shown on record.</b> \$400,000.00		<b>10. Amount of Capital Contributions in FLORIDA to date.</b> \$400,000.00		12/31/04	
<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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	SUAREZ, GASTON M 301 PACIFIC ROAD KEY BISCAYNE, FL 33149		<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	SUAREZ, MARTA N 301 PACIFIC ROAD KEY BISCAYNE, FL 33149		<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	1100000331427 04/26/05-80010-022 526 25	
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
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<b>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</b>					
<b>SIGNATURE:</b> X			4/12/05 (305) 591-8050		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE