


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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # A9800000335				
1. Entity Name THE REMIN FAMILY LIMITED PARTNERSHIP				
Principal Place of Business 9801 COLLINS AVENUE, #9D BAL HARBOUR, FL 33154		Mailing Address 9801 COLLINS AVENUE, #9D BAL HARBOUR, FL 33154		
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 65-0858134
				Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
REMIN, ROSE % THE REMIN CORPORATION 9801 COLLINS AVENUE, #9D BAL HARBOUR, FL 33154			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			<b>FL</b>	
		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 <u>Rose Remin</u>		ROSE REMIN		DATE
9. Capital Contributions as Shown on record. \$500.00		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. 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 #	P98000005076		STREET ADDRESS	
NAME	REMIN CORPORATION		CITY-ST-ZIP	
STREET ADDRESS	9801 COLLINS AVENUE, #9D			
CITY-ST-ZIP	BAL HARBOUR, FL 33154			
DOCUMENT #			STREET ADDRESS	900049887899
NAME			CITY-ST-ZIP	04/05/05--01015--008 **141.25
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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: <u>Rose Remin</u>		ROSE REMIN		DATE: <u>3/23/05</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #

STAPLE CHECK HERE

305/861/0997