

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 13 AM 10:05

DOCUMENT # A98000000444					
1. Entity Name VANZO FAMILY PARTNERS, LTD.					
Principal Place of Business 3301 SPANISH TRAIL, UNIT 400 DELRAY BEACH, FL 33483			Mailing Address 3301 SPANISH TRAIL, UNIT 400 DELRAY BEACH, FL 33483		
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 65-0873145	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent VANZO, EMANUEL 3301 SPANISH TRAIL, UNIT 400 DELRAY BEACH, FL 33483				7. Name and Address of New Registered Agent Name: Victoria L. Erdo Street Address (P.O. Box Number is Not Acceptable) 20983 Raindance Ln City: Boca Raton FL Zip Code: 33428	
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: 4/19/05					
9. Capital Contributions as Shown on record. \$620,000.00			10. Amount of Capital Contributions in FLORIDA to date. 620,000.00		
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 #	NAME		STREET ADDRESS		
NAME	VANZO, EMANUEL		CITY-ST-ZIP		
STREET ADDRESS	3301 SPANISH TRAIL, UNIT 400				
CITY-ST-ZIP	DELRAY BEACH, FL 33483				
DOCUMENT #	NAME		STREET ADDRESS		
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DOCUMENT #	NAME		STREET ADDRESS	200056032692	
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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:  DATE: 4/19/05 DAYTIME PHONE: 954-960-0300					

STAPLE CHECK HERE