


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 MAY -2 AM 10: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A9800000677 1. Entity Name BASTANZURI FAMILY, LTD.	
---	---

Principal Place of Business 10281 S.W. 20TH STREET MIAMI, FL 33165	Mailing Address C/O IVAN A. GOMEZ, P.A. 601 BRICKELL KEY DRIVE, #507 MIAMI, FL 33131
--	---



2. Principal Place of Business <i>14950 SW 179th Ave</i>	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01102005 Chg-LP CR2E003 (10/03)

City & State <i>Miami FL</i>	City & State	4. FEI Number 65-0851750	Applied For Not Applicable
Zip <i>33196</i>	Country <i>US</i>	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
--

6. Name and Address of Current Registered Agent IAG CORPORATE SERVICES, INC. 601 BRICKELL KEY DRIVE, SUITE 507 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>
--	---

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
--	---

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												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">DOCUMENT #</td><td>P98000021082</td></tr> <tr><td>NAME</td><td>BASTANZURI CORP.</td></tr> <tr><td>STREET ADDRESS</td><td>10281 S.W. 20TH STREET</td></tr> <tr><td>CITY-ST-ZIP</td><td>MIAMI, FL 33165</td></tr> </table>	DOCUMENT #	P98000021082	NAME	BASTANZURI CORP.	STREET ADDRESS	10281 S.W. 20TH STREET	CITY-ST-ZIP	MIAMI, FL 33165	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>	STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #	P98000021082												
NAME	BASTANZURI CORP.												
STREET ADDRESS	10281 S.W. 20TH STREET												
CITY-ST-ZIP	MIAMI, FL 33165												
STREET ADDRESS													
CITY-ST-ZIP													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">DOCUMENT #</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>	DOCUMENT #		NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>	STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #													
NAME													
STREET ADDRESS													
CITY-ST-ZIP													
STREET ADDRESS													
CITY-ST-ZIP													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">DOCUMENT #</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>	DOCUMENT #		NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>	STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #													
NAME													
STREET ADDRESS													
CITY-ST-ZIP													
STREET ADDRESS													
CITY-ST-ZIP													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">DOCUMENT #</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>	DOCUMENT #		NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>	STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #													
NAME													
STREET ADDRESS													
CITY-ST-ZIP													
STREET ADDRESS													
CITY-ST-ZIP													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">DOCUMENT #</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>	DOCUMENT #		NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>	STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #													
NAME													
STREET ADDRESS													
CITY-ST-ZIP													
STREET ADDRESS													
CITY-ST-ZIP													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">DOCUMENT #</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>	DOCUMENT #		NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>	STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #													
NAME													
STREET ADDRESS													
CITY-ST-ZIP													
STREET ADDRESS													
CITY-ST-ZIP													

000055195170
~~05/24/05-01064 021 **535.00~~

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: Remberto Bastanzuri, President of Bastanzuri Corp. (305) 371-9213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #