


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

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000000864 1. Entity Name GOMEZ-ESPRIELLA FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 2873 N.E. 25TH STREET FORT LAUDERDALE FL 33305			Mailing Address 2873 N.E. 25TH STREET FORT LAUDERDALE FL 33305		
2. Principal Place of Business Suite, Apt. #, etc City & State Zip Country			3. Mailing Address Suite, Apt. #, etc City & State Zip Country		
4. FEI Number 65-0820732				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOMEZ, JAIME 2873 N.E. 25TH STREET FORT LAUDERDALE FL 33305				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 _____	
9. Capital Contributions as Shown on record. \$5,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$300,000			
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	GOMEZ, JAIME		CITY-ST-ZIP		
STREET ADDRESS	2873 N.E. 25TH STREET				
CITY-ST-ZIP	FORT LAUDERDALE FL 33305				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	GOMEZ, JANEL		CITY-ST-ZIP		
STREET ADDRESS	2873 N.E. 25TH STREET				
CITY-ST-ZIP	FORT LAUDERDALE FL 33305				
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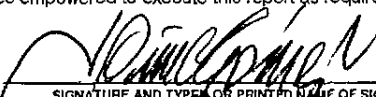


1ST MOORE CR2E003 (10/04)

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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04/30/05 00029 004 526.25

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:  **APRIL 18/05 (954) 564-3415**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE