

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 22, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # A98000001323 | |
| 1. Entity Name CLARITA GARCIA FAMILY PARTNERSHIP, LTD. | |



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| Principal Place of Business 601 NORTH NEW YORK AVENUE, SUITE 200 WINTER PARK, FL 32789 | Mailing Address P.O. BOX 2066 WINTER PARK, FL 32790 |
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01142005 Chg-LP CR2E003 (10/03)

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|--------------------------------|---------|---------------------|---------|
| 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 59-3514326 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent GARCIA, M A III 601 NORTH NEW YORK AVENUE WINTER PARK, FL 32789 |
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| 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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable.

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| 9. Capital Contributions as Shown on record. \$10,000,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. |
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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 | GARCIA, M A III | CITY-ST-ZIP | |
| STREET ADDRESS | 601 NORTH NEW YORK AVENUE, SUITE 200 | | |
| CITY-ST-ZIP | WINTER PARK, FL 32789 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | SINK, CARMEN G | CITY-ST-ZIP | |
| STREET ADDRESS | 601 NORTH NEW YORK AVENUE, SUITE 200 | | |
| CITY-ST-ZIP | WINTER PARK, FL 32789 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
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| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

02/22/05-80036-015 526.25

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: [Signature] 3-17-05 407-647-4300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE