

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A98000001468
 1. Entity Name
THE LLANES FAMILY LIMITED PARTNERSHIP



Principal Place of Business
 9845 S.W. 40 ST.
 MIAMI, FL 33165

Mailing Address
 9845 S.W. 40 ST.
 MIAMI, FL 33165

2. Principal Place of Business
SAME

3. Mailing Address
AS ABOVE

Suite, Apt. #, etc.
AS ABOVE

City & State
AS ABOVE

Zip Country Zip Country

03172005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0988310

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LLANES, FRANKLYN A
 9845 S.W. 40 ST.
 MIAMI, FL 33165

7. Name and Address of New Registered Agent
 Name **LLANES, FRANKLIN A. M.D.**
 Street Address (P.O. Box Number is Not Acceptable)
SAME
 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 *[Signature]* 3/21/05
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. **\$342,000.00**

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

DOCUMENT #
 NAME **LLANES, FRANKLIN A**
 STREET ADDRESS **11880 SW 40TH ST., #316**
 CITY-ST-ZIP **MIAMI, FL 33175**

STREET ADDRESS **9845 S.W. 40 ST**
 CITY-ST-ZIP **MIAMI, FL. 33165**

DOCUMENT #
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STREET ADDRESS **200049886612**
 CITY-ST-ZIP **04/05/05--01013--001 **526.25**

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STREET ADDRESS
 CITY-ST-ZIP **T. Brumbley APR 4 2005**

DOCUMENT #
 NAME
 STREET ADDRESS
 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: *[Signature]* 3/21/05 305 229 1660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED
 05 APR -1 AM 10:18
 SL...
 TALLAHASSEE, FLORIDA



STAPLE CHECK HERE