


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A98000002568			
1. Entity Name LABRADA FAMILY LIMITED PARTNERSHIP 95-1			
Principal Place of Business 8218 S.W. 85TH TERRACE MIAMI FL 33143		Mailing Address 1150 NW 72ND AVE #307 MIAMI FL 33126	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

04 MAY 20 PM 1:35

CLERK OF THE COURT
TALLAHASSEE FLORIDA

MJH



MOORE CR2E003 (11/03)

3/20

4. FEI Number **65-0762057**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent LABRADA, ARMANDO 8218 S.W. 85TH TERRACE MIAMI FL 33143		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.

9. Capital Contributions as Shown on record. \$10.00	10. Amount of Capital Contributions in FLORIDA to date. 110.00	11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
---	---	---

**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 #	LABRADA, ARMANDO	STREET ADDRESS	
NAME	8218 S.W. 85TH TERRACE	CITY - ST - ZIP	
STREET ADDRESS	MIAMI FL 33143		
CITY - ST - ZIP			
DOCUMENT #	LABRADA, IDALIA	STREET ADDRESS	
NAME	8218 S.W. 85TH TERRACE	CITY - ST - ZIP	
STREET ADDRESS	MIAMI FL 33143		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

700037852797
06/10/04--01082--028 **105.00

700037852797
06/10/04--01082--029 **36.25

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: *Armando Labrada* **3/20/04** **305-974-9573**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE