


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

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

141.25

<b>DOCUMENT # A98000002568</b>					
1. Entity Name <b>LABRADA FAMILY LIMITED PARTNERSHIP 95-1</b>					
Principal Place of Business <b>8218 S.W. 85TH TERRACE MIAMI FL 33143</b>			Mailing Address <b>1150 NW 72ND AVE #307 MIAMI FL 33126</b>		
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 <b>65-0762057</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>LABRADA, ARMANDO 8218 S.W. 85TH TERRACE MIAMI FL 33143</b>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record		\$10.00		10. Amount of Capital Contributions in FLORIDA to date. <b>910.-</b>	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	8218 S.W. 85TH TERRACE		CITY- ST- ZIP		
CITY- ST- ZIP	MIAMI FL 33143				
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1ST MOORE CR2E003 (10/04)

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

STAPLE CHECK HERE

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 Jr* *A Labrada* *3/31/05* *305-994-9537*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #