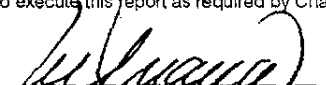


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED

**Apr 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # A99000000262					
1. Entity Name THE MANUEL TRIANA, JR., FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 6395 S.W. 96TH STREET MIAMI FL 33156			Mailing Address 6395 S.W. 96TH STREET MIAMI FL 33156		
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 65-6289575	
				☐ Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONATHAN H. GREEN & ASSOCIATES, P.A. 799 BRICKELL PLACE, SUITE 700 MIAMI FL 33131				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 filer if applicable					
9. Capital Contributions as Shown on record		\$3,000,000.00		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			STREET ADDRESS	
NAME	STREET ADDRESS			CITY- ST- ZIP	
STREET ADDRESS	CITY- ST- ZIP				
DOCUMENT #	NAME			STREET ADDRESS	
NAME	STREET ADDRESS			CITY- ST- ZIP	
STREET ADDRESS	CITY- ST- ZIP				
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STREET ADDRESS	CITY- ST- ZIP				
DOCUMENT #	NAME			STREET ADDRESS	
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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					



1ST MOORE CR2E003 (10/04)

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

000000314371
04/19/05-80015-012 526.25

STAPLE CHECK HERE