

**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY -2 PM 6:31

DOCUMENT # A99000001032				
1. Entity Name ARGUETTY FAMILY LIMITED PARTNERSHIP				
Principal Place of Business 13801 40TH STREET SOUTH WELLINGTON, FL 33414		Mailing Address C/O RICHARDS 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133		
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 65-0967187
6. Name and Address of Current Registered Agent				Applied For Not Applicable
6. Name and Address of Current Registered Agent WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133				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. \$10,000,000.00		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 #	P99000057839		STREET ADDRESS	
NAME	ARGUETTY MANAGEMENT, INC.		CITY-ST-ZIP	
STREET ADDRESS	13801 40TH STREET SOUTH			
CITY-ST-ZIP	WELLINGTON, FL 33414			
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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: <u>Timothy D. Richards</u>			4/27/05 (305) 858-9900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #	

STAPLE CHECK HERE

[Handwritten initials]



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