


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

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000001593</b> 1. Entity Name MICHELLE FAMILY LLLP					
Principal Place of Business 8672 SW 40TH ST., SUITE 203 MIAMI, FL 33155			Mailing Address 8672 SW 40TH ST., SUITE 203 MIAMI, FL 33155		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0952332</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GUTTENMACHER, EDWARD P 2600 DOUGLAS RD, PH-8 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and file # applicable</small>					
9. Capital Contributions as Shown on record. <b>\$346,500.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P99000061637		STREET ADDRESS		
NAME	MICHELLE GROUP, INC.		CITY- ST- ZIP		
STREET ADDRESS	8672 SW 40TH ST., SUITE 203				
CITY- ST- ZIP	MIAMI, FL 33155				
DOCUMENT #			STREET ADDRESS		
NAME			CITY- ST- ZIP		
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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)(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.					
<b>SIGNATURE: <i>by Frank Lopez</i> FRANK LOPEZ, D.O.F MICHELLE GROUP INC. 4/24/05 305-229-8723</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE

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