

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001950

1. Entity Name

TORRES LIMITED PARTNERSHIP, L.L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 PM 12:04

Principal Place of Business Mailing Address
8345 SW 173rd TERRACE 8345 SW 173rd TERRACE
MIAMI FL 33135 MIAMI FL 33135

2. Principal Place of Business 3. Mailing Address
8345 SW 174th TERRACE 8345 SW 174th TERRACE
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
MIAMI FL MIAMI FL 65-0959653 Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33157 33157

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TORRES, ESTEBAN C.
1343 SW 8th STREET
MIAMI FL 33135

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. 1,275,000.00 10. Amount of Capital Contributions in FLORIDA to date. 1,275,000.00 11. MAKE CHECK PAYABLE TO 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 #	P99000096626	STREET ADDRESS	
NAME	TORRES HOLDINGS, INC.	CITY-ST-ZIP	
STREET ADDRESS	8345 SW 174th TERRACE		
CITY-ST-ZIP	MIAMI FL 33157		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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CITY-ST-ZIP			

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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:  ESTEBAN C. TORRES PRES. TORRES HOLDINGS INC.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

CR2E003 (9/99)