

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010369 AT

DOCUMENT # A99000001950



FILED

03 APR 15 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Entity Name TORRES LIMITED PARTNERSHIP, L.L.P.	
Principal Place of Business 8345 SW 174TH TERRACE MIAMI FL 33157	Mailing Address 8345 SW 174TH TERRACE MIAMI FL 33157

2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0959653	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TORRES, ESTEBAN C 1343 SOUTHWEST 8TH STREET MIAMI FL 33135			Name TORRES, CARMEN C.		
			Street Address (P.O. Box Number is Not Acceptable) 8345 SW 174 TERRACE		
			City MIAMI	FL	Zip Code 33157

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 *Carmen C. Torres* **CARMEN C. TORRES** 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.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 SOUTHWEST 173RD TERRACE		
CITY-ST-ZIP	MIAMI FL 33135		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			200016081543 04/15/03--011090--017 **526.25
CITY-ST-ZIP			
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NAME		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)(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: X *Carmen C. Torres* **CARMEN C. TORRES, SEC.** Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (10/02)

SIMPLE CHECK HERE