

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 10 AM 10:42

DOCUMENT # B00000000217

1. Entity Name
MUTTI FAMILY LIMITED PARTNERSHIP



Principal Place of Business: C/O MACLEAN AND EMA 2600 N.E. 14TH ST CSWY
POMPAN0 BEACH, FL 33062

Mailing Address: C/O MACLEAN AND EMA 2600 N.E. 14TH ST CSWY
POMPAN0 BEACH, FL 33062

2. Principal Place of Business: 2106 NE 15 ST.

3. Mailing Address: 2106 NE 15 ST.

Suite, Apt. #, etc.

02072005 Chg-LP CR2E003 (10/03)

City & State: FT. LAUDERDALE, FL

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4. FEI Number: 88-0463552

Applied For: Not Applicable

Zip: 33304 Country: USA

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5. Certificate of Status Desired: ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUTTI, LAURA
500 NE 1ST AVENUE
FT. LAUDERDALE, FL 33301

Name: MUTTI, LAURA

Street Address (P.O. Box Number Is Not Acceptable): 213 S. SEACREST CIRCLE

City: DELRAY BEACH FL Zip Code: 33444

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: \$190,000.00

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

DOCUMENT #
NAME: MUTTI, FRANCESCO
STREET ADDRESS: 2106 NE 15TH ST.
CITY-ST-ZIP: FORT LAUDERDALE, FL 33304

13. ADDRESS CHANGES ONLY

STREET ADDRESS: 300046707973

CITY-ST-ZIP: 02/16/05--01007--020 **535.00

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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: Francesco Mutti 8 FEB 05 954 394 1630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE