2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

FILED Apr 30, 2005 08:00 AM DOCUMENT # B99000000440 1. Entity Name **Secretary of State** LUPO M.G., L.P. Mailing Address Principal Place of Business 2295 NW CORPORATE BLVD., SUITE 135 BOCA RATON FL 33431 2295 NW CORPORATE BLVD., SUITE 135 BOCA RATON FL 33431 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) 4. FEI Number Applied For City & State City & State 65-0831302 Not Applicable Country Zip Country Zin \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LUPO, VITO J. Street Address (P.O. Box Number is Not Acceptable) 2295 NW CORPORATE BLVD., SUITE 135 **BOCA RATON FL 33431** Zla Čode 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. 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE See Block 11 instructions for fee info. Signature, typed or printed name of registered agent and title if applicable DATE 10, Amount of Capital Contributions 9. Capital Contributions \$0.00 as Shown on record. 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. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 12, F9900006406 DOCUMENT # STREET ADDRESS LUPO TEXAS, INC. NAME 2295 NW CORPORATE BLVD., SUITE 135 STREET ADDRESS CLTY-ST-ZIP BOCA RATON FL 33431 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP DOCUMENT # STREET ADDRESS 04/30/05-80069-017 141.25 NAME STREET ADDRESS CITY-ST-ZIP CITY- \$1-7IP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST- 21P CITY-ST-ZIP DOCUMENI # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 partnersing the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

4/18/05

Linda Lupo

MINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: 🐼

(561) 994-2789

Dayama Phone #

Date