2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Feb 11, 2005 08:00 AM Secretary of State

FILED

DOCUMENT # L00000015541

1. Entity Name

COX TORRES REAL ESTATE PARTNERSHIP LLC



Principal Place of Business

596 OCOEE COMMERCE PARKWAY

OCOEE, FL 34761

Mailing Address

596 OCOEE COMMERCE PARKWAY OCOEE, FL 34761



DO NOT WRITE IN THIS SPACE

01282005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3680826 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TORRES, JOSE A.D. 7546 PARK SPRINGS CIRCLE ORLANDO, FL 32835

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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.	am familiar with, and accept
the obligations of registered agent.	

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE, Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COX, W. KEVIN M.D. 17311 MAGNOLIA ISLAND BLVD CLERMONT, FL 34711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TORRES, JOSE A M.D. 7548 PARK SPRINGS CIRCLE ORLANDO, FL 32835	
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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

RIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MAN