

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR 31 AM 9:58

DOCUMENT # A02000000551 1. Entity Name M.N.S. FAMILY LIMITED PARTNERSHIP	
--	---

Principal Place of Business 2645 SOUTH BAYSHORE DRIVE, UNIT 1202 COCONUT GROVE, FL 33133	Mailing Address 2645 SOUTH BAYSHORE DRIVE, UNIT 1202 COCONUT GROVE, FL 33133
--	--

2. Principal Place of Business 2645 South Bayshore Drive Suite, Apt. #, etc. # 1803 City & State Coconut Grove, FL Zip 33133 Country U.S.	3. Mailing Address 2645 South Bayshore Drive Suite, Apt. #, etc. # 1803 City & State Coconut Grove, FL Zip 33133 Country U.S.
--	--



03232004 Chg-LP CR2E003 (10/03)

4. FEI Number 03-0423814 APPLIED FOR	Applied For ☐ Not Applicable
---	--

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent JONATHAN H. GREEN & ASSOCIATES, P.A. 799 BRICKELL PLAZA, SUITE 700 MIAMI, FL 33131	7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

DATE _____

9. Capital Contributions as Shown on record. \$5,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$525,000	11. \$526.25
--	--	---------------------

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 #	NAME	STREET ADDRESS	2645 South Bayshore Drive #1803
	STREET ADDRESS		CITY-ST-ZIP
	CITY-ST-ZIP		Coconut Grove, FL 33133
DOCUMENT #	NAME	STREET ADDRESS	2645 South Bayshore Drive #1803
	STREET ADDRESS		CITY-ST-ZIP
	CITY-ST-ZIP		Coconut Grove, FL 33133
DOCUMENT #	NAME	STREET ADDRESS	300032837413
	STREET ADDRESS		04/15/04--01019--012 **526.25
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS		
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS		
	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/29/04

STAPLE CHECK HERE