


**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004**

|   |   |
|---|---|
| <b>DOCUMENT # A03000000388</b>                |  |
| 1. Entity Name<br><b>CITINO SOLUTIONS LTD</b> |   |

**FILED**  
04 APR 30 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |
|---|---|
| Principal Place of Business<br><b>10412 SUN VILLA BLVD<br/>ORLANDO, FL 32817 US</b> | Mailing Address<br><b>P.O. BOX: 780998<br/>ORLANDO, FL 32878 US</b> |
|---|---|



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

04262004 Chg-LP CR2E003 (10/03)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>113679874</b>                         | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

|  |  |  |          |
|--|--|--|----------|
| <b>6. Name and Address of Current Registered Agent</b>                   |  | <b>7. Name and Address of New Registered Agent</b> |          |
| <b>DASILVA, MARCELO C<br/>10412 SUN VILLA BLVD<br/>ORLANDO, FL 32817</b> |  | Name   |          |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|  |  | City   |          |
|  |  | <b>FL</b>  | 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|  |  |
|--|--|
| 9. Capital Contributions as Shown on record. <b>\$0.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. <b>Ø</b> |
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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 #                      | <b>MARCELO, DASILVA C<br/>10412 SUN VILLA BLVD.<br/>ORLANDO, FL 32817</b>  | STREET ADDRESS           | <b>300036061073</b><br><del>05/11/04-01064-005 **141.25</del> |
| NAME                            |  | CITY-ST-ZIP              |   |
| STREET ADDRESS                  |  |                          |   |
| DOCUMENT #                      | <b>FERNANDO, DASILVA C<br/>12104 KIRBY SMITH RD.<br/>ORLANDO, FL 32832</b> | STREET ADDRESS           |   |
| NAME                            |  | CITY-ST-ZIP              |   |
| STREET ADDRESS                  |  |                          |   |
| DOCUMENT #                      |  | STREET ADDRESS           |   |
| NAME                            |  | CITY-ST-ZIP              |   |
| STREET ADDRESS                  |  |                          |   |
| DOCUMENT #                      |  | STREET ADDRESS           |   |
| NAME                            |  | CITY-ST-ZIP              |   |
| STREET ADDRESS                  |  |                          |   |
| DOCUMENT #                      |  | STREET ADDRESS           |   |
| NAME                            |  | CITY-ST-ZIP              |   |
| STREET ADDRESS                  |  |                          |   |

STAPLE CHECK HERE

*Handwritten initials/signature*

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:** *Marcelo Dasilva C* 20 APR 2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #