


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 AUG 30 PM 1:10

DOCUMENT # A03000000925 1. Entity Name P.A.R. GROUP, LTD.	
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Principal Place of Business 14220 SW 9TH TERRACE MIAMI, FL 33184	Mailing Address 14220 SW 9TH TERRACE MIAMI, FL 33184
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08052004 Chg-LP CR2E003 (10/03)

4. FEI Number X 58-267 4981	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
PALMER, GABRIEL A 14220 SW 9TH TERRACE MIAMI, FL 33184	

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

9. Capital Contributions as Shown on record. \$6,000.00	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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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 #	CABALLERO, GABRIEL A	STREET ADDRESS	
NAME	7924 SW 146 COURT	CITY-ST-ZIP	
STREET ADDRESS	MIAMI, FL 33183		
CITY-ST-ZIP			
DOCUMENT #	DEL ROSSI, LOURDES PALMER	STREET ADDRESS	
NAME	2420 GRANDADA BLVD.	CITY-ST-ZIP	
STREET ADDRESS	CORAL GABLES, FL 33134		
CITY-ST-ZIP			
DOCUMENT #	PALMER, FRANCISCO	STREET ADDRESS	
NAME	7095 SW 152 CT.	CITY-ST-ZIP	
STREET ADDRESS	MIAMI, FL 33193		
CITY-ST-ZIP			
DOCUMENT #	ADROVER, GABRIEL A	STREET ADDRESS	
NAME	14220 S.W. 9TH TERRACE	CITY-ST-ZIP	
STREET ADDRESS	MIAMI, FL 33184		
CITY-ST-ZIP			
DOCUMENT #	CANDELA, ROSA E	STREET ADDRESS	
NAME	VIA SAN FRANCISCO #89	CITY-ST-ZIP	
STREET ADDRESS	PISA ITALIA 56127,		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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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 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]* Date: 8/20/04 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER