2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) **DUE BY MAY 1, 2004**

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF GIGNING GENERAL PARTNER

DOCUMENT # A32164						FILED	
1. Entity Name					04 FEB 11 AM II: 16		
	(AYANN I	AYANN INVESTMENTS, LTD.					
1	Principal Place of Business Mailing Address 6915 MAIN ST. #432 6915 MAIN ST. #432 MIAMI LAKES FL 33014-6577 MIAMI LAKES FL 33014-657			577		SECRETARY OF STATE TALLAHASSEE FLORIDA	
'	MIAMI LAKE	5 FE 33014-0377	MIN (W) 2, (1, 2, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,			- 	
7							
	Suite, Apt. #, etc. Suite, Apt. #, etc.					MOORE CR2E003 (11/03)	
	_City & State	wood, Michigan	City & State Tronwood,	Michiga	aŋ	4. FEI Number 65-0292935 Applied Fol Not Fol Not Applied Fol Not Applied Fol Not Fol N	
	^{Zip} 499	38 Country	79938	country 🔾		5. Certificate of Status Desired Fee Required	
F		6. Name and Address of Current	Registered Agent	Name		7. Name and Address of New Registered Agent	
	M & W AGENTS, INC.			•	Street Address (P.O. Box Number is Not Acceptable)		
	BOCA CORPORATE CENTER, STE. 107			Street		(F.O. Box Number is Not Acceptable)	
	2101 CORPORATE BLVD. BOCA RATON FL 33431						
				City		FL Zip Code	
	3. 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.						
	9. Capital Contributions #120,000 10. Amount of Capital Contributions					11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
\vdash	A CENTRAL PARTIES THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.						
L	NOTE: General Partners MAY NOT be changed on the form; an ame				endme	ent must be filed to change a general partner. ADDRESS CHANGES ONLY	
ŀ	12.					1 West Norrie St.	
		KELA, INC.					
	STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP Iron wood, MI 49938		
	DOCUMENT #	1				,	
	NAME STREET ADDRESS CITY-ST-ZIP	TADDRESS					
STAPLE CHECK HERE	COCUMENT #	RNT#				400029302004 02/24/0401033003 **526.25	
	STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
	DOCUMENT #			STREET ADDRESS			
	STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
	DOCUMENT # .			STREET ADDRESS			
	STREET ADDRESS			CITY-ST-ZIP			
	DOCUMENT /			STREET ADDRESS	;		
	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 partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: A.A. 6. A.J. A.J. A.J. A.J. A.J. A.J. A.						
	SIGNA	TURE: 7 ay le	OR PRINTED NAME OF A GRING GENERAL	PARTNER		Date Daytime Phone #	