


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

DOCUMENT # A96000001760 1. Entity Name THE CABRERA FAMILY LIMITED PARTNERSHIP	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
04 APR -7 AM 10:46

Principal Place of Business 540 HUNTING LODGE DRIVE MIAMI SPRINGS FL 33166	Mailing Address 540 HUNTING LODGE DRIVE MIAMI SPRINGS FL 33166
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MOORE CR2E003 (11/03)

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

4. FEI Number 65-0755050	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
DURANZA, OSCAR CPA 10300 S.W. 72ND ST., STE. 284 MIAMI FL 33173	

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. \$427,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #		STREET ADDRESS	
NAME	CABRERA, EVELIO	CITY-ST-ZIP	000033107030 04/20/04--01007--010 **473.75
STREET ADDRESS	540 HUNTING LODGE DRIVE		
CITY-ST-ZIP	MIAMI SPRINGS FL 33166		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	000033107030 04/20/04--01007--011 **52.50
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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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

3/3/04 **(705) 638-8639**

Date Daytime Phone #

STAPLE CHECK HERE