


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000001885 1. Entity Name PACIFIC GROUP, LTD.	
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Principal Place of Business 4801 S. UNIVERSITY DR. DAVIE, FL 33328	Mailing Address PO BOX 661169 MIAMI SPRINGS, FL 33166
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt #, etc.	Suite, Apt #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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ALWEISS, IRA 4801 S. UNIVERSITY DR. DAVIE, FL 33328		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
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9. Capital Contributions as Shown on record. \$10,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	ALWEISS, IRA	STREET ADDRESS	
NAME	4801 S. UNIVERSITY DR.	CITY-ST-ZIP	
STREET ADDRESS	DAVIE, FL 33328		
CITY-ST-ZIP			
DOCUMENT #	ALWEISS, ALAN	STREET ADDRESS	000000120132
NAME	4801 S. UNIVERSITY DR.	CITY-ST-ZIP	04/20/04-80007-017 526.25
STREET ADDRESS	DAVIE, FL 33328		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: 	IRA ALWEISS	4-8-04	305-285-0785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #



02192004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0778403	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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