


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

**FILED**

04 JUN 22 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6/22/04

<b>DOCUMENT # A98000001400</b>			
<b>1. Entity Name</b> 3475 NW 114TH AVE., LTD.			
<b>Principal Place of Business</b> 3475 NW 114TH AVE. MIAMI FL 33178		<b>Mailing Address</b> 3475 NW 114TH AVE. MIAMI FL 33178	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03) 4/22

<b>4. FEI Number</b> 65-0860451	Applied For <input type="checkbox"/> Not-Applicable
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**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b> MATOS, VICTOR 3475 NW 114TH AVE. MIAMI FL 33178		<b>7. Name and Address of New Registered Agent</b>	
Name		VICTOR MATOS	
Street Address (P.O. Box Number is Not Acceptable)		3475 N.W. 114th Ave	
City		MIAMI FL	
Zip Code		33178	

**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 04/16/04

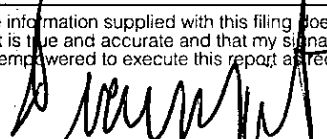
Signature, typed or printed name of registered agent and title if applicable.

<b>9. Capital Contributions as Shown on record.</b> \$263,802.00	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION.</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 # NAME STREET ADDRESS CITY-ST-ZIP	P98000053081 VEM PROPERTIES, INC. 3475 NW 114TH AVE. MIAMI FL 33178	STREET ADDRESS CITY-ST-ZIP	3475 NW 114th Ave. MIAMI FL 33178
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	300038774273 07/07/04--01002--003 **526 25
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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:  VICTOR MATOS - 04/16/04 (305) 593-5666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #