


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Apr 22, 2004 08:00 AM
Secretary of State**

DOCUMENT # A98000001515
1. Entity Name
THE JORGE FAMILY LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
2871 N.E. 9TH STREET 2871 N.E. 9TH STREET
POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062

2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc Suite, Apt #, etc

City & State City & State

Zip Country Zip Country



02072004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
65-0845655 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JORGE, ROLANDO
2871 N.E. 9TH STREET
POMPANO BEACH, FL 33062

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 \$5,000,000.00 10. Amount of Capital Contributions in FLORIDA to date

**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

DOCUMENT #	JORGE, ROLANDO
NAME	2871 N.E. 9TH STREET
STREET ADDRESS	POMPANO BEACH, FL 33062
CITY - ST - ZIP	
DOCUMENT #	JORGE, DOROTHY V
NAME	2871 N.E. 9TH STREET
STREET ADDRESS	POMPANO BEACH, FL 33062
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	UG0000139885 04/23/04-80136-021 526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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: *Rolando Jorge Rolando Jorge* 4-19-04 954-446-1330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #