
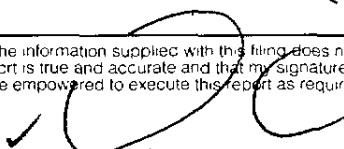


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Apr 29, 2004 08:00 AM
Secretary of State**

DOCUMENT # A99000000092					
1. Entity Name XOF ENTERPRISES LIMITED PARTNERSHIP					
Principal Place of Business 1370 BREAKERS WEST BOULEVARD WEST PALM BEACH, FL 33411			Mailing Address 1370 BREAKERS WEST BOULEVARD WEST PALM BEACH, FL 33411		
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 65-0886522	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FOX, ALICE 1370 BREAKERS WEST BOULEVARD WEST PALM BEACH, FL 33411			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 _____ <small>Signature typed or printed name of registered agent and date if applicable</small>					
9. Capital Contributions as Shown on record \$1,000,000.00			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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS	1100006158231 05/07/04-80014-002 526.25	
STREET ADDRESS	FOX, ALICE		CITY-ST-ZIP		
CITY-ST-ZIP	1370 BREAKERS WEST BOULEVARD WEST PALM BEACH, FL 33411				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	P98000108009 XOF ENTERPRISES, INC.		CITY-ST-ZIP		
CITY-ST-ZIP	1370 BREAKERS WEST BOULEVARD WEST PALM BEACH, FL 33411				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
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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: 			ALICIA T. FOX 4/14/04 790-3699		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date: _____ Daytime Phone #: _____		

STAPLE CHECK HERE