

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A03000001542 1. Entity Name ALEJO FAMILY LIMITED PARTNERSHIP	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 FEB 19 AM 10:27

03/02/04

Principal Place of Business 1900 S.W. 18TH AVENUE MIAMI, FL 33145	Mailing Address 1900 S.W. 18TH AVENUE MIAMI, FL 33145
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01122004 Chg-LP CR2E003 (10/03)

4. FEI Number 20-0313011	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROZENCWAIG, LESLIE A ESQ.
LESLIE ALAN ROZENCWAIG, P.A.
1 S.E. 3RD AVENUE, SUITE 960
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code **33131**

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. \$392,000.00	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.

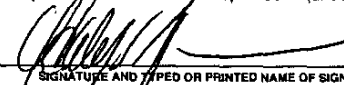
12. GENERAL PARTNER INFORMATION

DOCUMENT #	L03000036882
NAME	ALEJO FAMILY HOLDINGS, L.C.
STREET ADDRESS	1900 S.W. 18TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33145

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	900029743449
STREET ADDRESS	03/03/04--01005--024 **526.25
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:  **Odalys Loqueir** **2/14/04 (305) 635-7586**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE