2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A03000001542

1. Entity Name
ALEJO FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB 19 AM 10: 27

LR 03/02/04

Principal Place of Business	Mailing Address
1900 S.W. 18TH AVENUE MIAMI, FL 33145	1900 S.W. 18TH AVENUE MIAMI, FL 33145

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROZENCWAIG, LESLIE A ESQ. LESLIE ALAN ROZENCWAIG, P.A. 1 S.E. 3RD AVENUE, SUITE 960 MIAMI, FL 33145	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.	

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 #	L03000036882	STREET ADDRESS	
NAME	ALEJO FAMILY HOLDINGS, L.C.		
STREET ADDRESS	1900 S.W. 18TH AVENUE	CITY-ST-ZIP	900029743449
CITY-ST-ZIP	MIAMI, FL 33145		03/08/04--01005--024 **526.25
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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: Odalys Loqueira 2/14/04 (305)635-7546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #