


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

**FILED
Apr 15, 2004 08:00 AM
Secretary of State**

DOCUMENT # A99000001015 1. Entity Name DDF HOLDINGS, LTD.	
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Principal Place of Business 10825 NW 33 STREET MIAMI, FL 33172	Mailing Address 10825 NW 33 STREET MIAMI, FL 33172
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2. Principal Place of Business Suite, Apt #, etc	3. Mailing Address Suite, Apt #, etc
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City & State	City & State
Zip	Country

03152004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0929535	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DE FASSON, DANIEL 10825 NW 33 STREET MIAMI, FL 33172	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

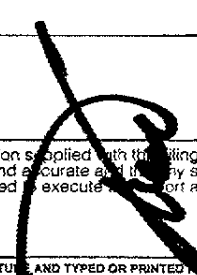
9. Capital Contributions as Shown on record. \$735,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P99000056888 DDF HOLDINGS, INC. 10825 NW 33 STREET MIAMI, FL 33172	STREET ADDRESS CITY - ST - ZIP	
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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 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:  DATE: 4/1/04 DAYTIME PHONE # _____