


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A03000001091		
1. Entity Name SELEM INVESTMENTS, LLLP		

Principal Place of Business 1416 CASTILE AVENUE CORAL GABLES FL 33134	Mailing Address 1416 CASTILE AVENUE CORAL GABLES FL 33134
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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

6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES FL 33146	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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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.	
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9. Capital Contributions as Shown on record. \$1,500,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
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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.	
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12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	SELEM, JOSE S		
	1416 CASTILE AVENUE		
	CORAL GABLES FL 33134		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	LEGORBURU-SELEM, SARAH		
	1416 CASTILE AVENUE		
	CORAL GABLES FL 33134		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	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	
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SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
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FILED
2004 APR 22 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

4. FEI Number 20-0130184	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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FL Zip Code

800036059638
05/11/04--01041--006 **526.25

STAPLE CHECK HERE

3/12/04

Date Daytime Phone #