

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004


APPROVED
 AND
 FILED

04 MAY -6 PM 5:14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A0300001165

1. Entity Name
 180 HIBISCUS LIMITED PARTNERSHIP




Principal Place of Business Mailing Address
 9559 HARDING AVE. 9559 HARDING AVE.
 SURFSIDE, FL 33154 SURFSIDE, FL 33154

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01152004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
 20-0154159 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LATOUR, DANIEL
 9559 HARDING AVE.
 SURFSIDE, FL 33154

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$10,000.00 10. Amount of Capital Contributions in FLORIDA to date. 158,754

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 # | P99000070891 | STREET ADDRESS | |
| NAME | MIAMI EXPERT PARTNERS, INC. | CITY-ST-ZIP | |
| STREET ADDRESS | 9559 HARDING AVE. | | |
| CITY-ST-ZIP | SURFSIDE, FL 33154 | | |
| DOCUMENT # | | STREET ADDRESS | 500037572885 |
| NAME | | CITY-ST-ZIP | 06/02/04--01029--026 **158.75 |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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: *Daniel Latour* 4/27/04 Date Daytime Phone #