


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 14, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000001448

1. Entity Name
SUAREZ-MURIAS REAL ESTATE PARTNERSHIP, LTD.



Principal Place of Business Mailing Address
275 HARBOR DRIVE **275 HARBOR DRIVE**
KEY BISCAYNE, FL 33149 **KEY BISCAYNE, FL 33149**



2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

01282004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
65-1042845 Not Applicable

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

6. Name and Address of Current Registered Agent

SUAREZ-MURIAS, JORGE
275 HARBOR DRIVE
KEY BISCAYNE, FL 33149

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. **\$852,034.00** 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 #	SUAREZ-MURIAS, JORGE 275 HARBOR DRIVE KEY BISCAYNE, FL 33149	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	U00000160871
NAME		CITY - ST - ZIP	05/18/04-80003-017 526.25
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			

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: _____ **4-29-04** **305 361-2272**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #