


**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 <b>275 HARBOR DRIVE          KEY BISCAYNE, FL 33149</b>	Mailing Address <b>275 HARBOR DRIVE          KEY BISCAYNE, FL 33149</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01282004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent

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

4. FEI Number  
**65-1042845**

Applied For  
 Not Applicable

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

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	U000000160871
NAME		CITY - ST - ZIP	05/18/04-80003-017 526.25
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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 #