

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

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

|                                                              |  |                                                                                   |
|--------------------------------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # A00000001565</b>                               |  |  |
| 1. Entity Name<br><b>SUNWEST BUSINESS CENTER, LTD., LLLP</b> |  |                                                                                   |

|                                                                                             |                                                                                 |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Principal Place of Business<br><b>8725 N.W. 18TH TERRACE, SUITE 204<br/>MIAMI, FL 33172</b> | Mailing Address<br><b>8725 N.W. 18TH TERRACE, SUITE 204<br/>MIAMI, FL 33172</b> |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|

|                                |         |                    |         |
|--------------------------------|---------|--------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address |         |
| Suite, Apt. #, etc             |         | Suite, Apt. #, etc |         |
| City & State                   |         | City & State       |         |
| Zip                            | Country | Zip                | Country |



04272004 Chg-LP CR2E003 (10/03)

|                                                                                                                                  |  |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|
| 4. FEI Number<br><b>65-1048026</b>                                                                                               |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                  |  |                                                        |
| 6. Name and Address of Current Registered Agent<br><b>PAUL DOUGLAS<br/>8725 N.W. 18TH TERRACE, SUITE 204<br/>MIAMI, FL 33172</b> |  | 7. Name and Address of New Registered Agent            |
| Name                                                                                                                             |  |                                                        |
| Street Address (P.O. Box Number is No. 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 <b>\$1,000.00</b> | 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 #<br><b>L00000012499</b>                          | NAME<br><b>DOUGLAS-SMITH SUNWEST LLC</b> | STREET ADDRESS           |  |
| STREET ADDRESS<br><b>8725 N.W. 18TH TERRACE, SUITE 204</b> | CITY, ST, ZIP<br><b>MIAMI, FL 33172</b>  | CITY, ST, ZIP            |  |
| DOCUMENT #                                                 | NAME                                     | STREET ADDRESS           |  |
| STREET ADDRESS                                             | CITY, ST, ZIP                            | CITY, ST, ZIP            |  |
| DOCUMENT #                                                 | NAME                                     | STREET ADDRESS           |  |
| STREET ADDRESS                                             | CITY, ST, ZIP                            | CITY, ST, ZIP            |  |
| DOCUMENT #                                                 | NAME                                     | STREET ADDRESS           |  |
| STREET ADDRESS                                             | CITY, ST, ZIP                            | CITY, ST, ZIP            |  |
| DOCUMENT #                                                 | NAME                                     | STREET ADDRESS           |  |
| STREET ADDRESS                                             | CITY, ST, ZIP                            | CITY, ST, ZIP            |  |
| DOCUMENT #                                                 | NAME                                     | STREET ADDRESS           |  |
| STREET ADDRESS                                             | CITY, ST, ZIP                            | CITY, ST, ZIP            |  |

**L00000157037**  
**05/06/04-80010-008 141.25**

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:** *Paul Douglas* **PAUL DOUGLAS** **4-27-04** **305-594-7730**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Filing Party #

STAPLE CHECK HERE