

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 04 APR 14 PM 12:58

DOCUMENT # A00000001632					
1. Entity Name THE ESTEVEZ FAMILY LIMITED PARTNERSHIP #1					
Principal Place of Business 1835 W. FLAGLER ST., STE. #201 MIAMI, FL 33135			Mailing Address 1835 W. FLAGLER ST., STE. #201 MIAMI, FL 33135		
2. Principal Place of Business 2529 SW 8 ST Suite, Apt. #, etc.		3. Mailing Address 2529 SW 8 ST Suite, Apt. #, etc.			
City & State MIAMI, Florida Zip: 33135 Country: USA		City & State MIAMI Florida Zip: 33135 Country: USA		4. FEI Number 65-1047400	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ESTEVEZ, OSCAR J 1835 W. FLAGLER ST., STE. #201 MIAMI, FL 33135			7. Name and Address of New Registered Agent Name: ESTEVEZ, OSCAR J. Street Address (P.O. Box Number is Not Acceptable): 2529 SW 8 ST City: MIAMI FL Zip Code: 33135		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,600.00		10. Amount of Capital Contributions in FLORIDA to date. 0			
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 #	NAME		STREET ADDRESS	2529 SW 8 ST	
STREET ADDRESS	1835 W. FLAGLER ST., STE. #201		CITY-ST-ZIP	MIAMI, Florida 33135	
CITY-ST-ZIP	MIAMI, FL 33135		STREET ADDRESS		
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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: <i>Lucrecia Estevez</i>			4-7-04		917-622-0334
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>

STAPLE CHECK HERE