


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Mar 22, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # A00000001645 1. Entity Name V.M.Y.A. FAMILY LIMITED PARTNERSHIP |  |
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|---|---|
| Principal Place of Business 3250 S DIXIE HWY MIAMI FL 33133 | Mailing Address 3250 S DIXIE HWY MIAMI FL 33133 |
|---|---|

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



MOORE CR2E003 (11/03)

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 58-2594386 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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|---|---|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
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| MIAMI-DADE HOLDINGS CORPORATION 3250 S DIXIE HWY MIAMI FL 33133 | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

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|---|------|
| SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE |
|---|------|

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|---|---|--|
| 9. Capital Contributions as Shown on record. \$65.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
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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 | |
| STREET ADDRESS | MARGOLIN, VLADIMIR | CITY-ST-ZIP | |
| CITY-ST-ZIP | 3250 S DIXIE HWY MIAMI FL 33133 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| STREET ADDRESS | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | |
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| CITY-ST-ZIP | | | |

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04/05/04-80008-003 141.25

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 119.07(3)(f), 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:  | Date 2.26.04 | Daytime Phone # (212) 964-9600 |
|--|------------------------|--|