

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR 14 PM 12:56

DOCUMENT # A00000001796

1. Entity Name
THE INDIAN ANCESTRAL TRUST FAMILY LIMITED PARTNERSHIP



Principal Place of Business
 1835 W. FLAGLER STREET, SUITE 201
 MIAMI, FL 33135

Mailing Address
 1835 W. FLAGLER STREET, SUITE 201
 MIAMI, FL 33135

2. Principal Place of Business
2529 SW 8ST

3. Mailing Address
2529 SW 8ST

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33135

Country
USA

Zip
33135

Country
USA



04052004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent
ESTEVEZ, OSCAR J
 1835 W. FLAGLER STREET, SUITE 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 8ST
 City **MIAMI** 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. **\$5,500.00**

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 #		STREET ADDRESS	2529 SW 8ST
NAME	PINNEY, WILLIAM A	CITY-ST-ZIP	MIAMI, FLORIDA 33135
STREET ADDRESS	1835 W. FLAGLER STREET, SUITE 201		
CITY-ST-ZIP	MIAMI, FL 33135		
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STREET ADDRESS			
CITY-ST-ZIP			

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: **William Pinney** 4-7-04 917-622-0334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE