


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04/23/04

04 APR 22 AM 8:52

DOCUMENT # A00000001870 1. Entity Name LAS VEGAS PROFESSIONAL FOOTBALL LIMITED PARTNERSHIP	
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Principal Place of Business 3790 SOUTH PARADISE ROAD SUITE 140 LAS VEGAS, NV 89109	Mailing Address 4000 PONCE DE LEON BLVD. SUITE 7000 CORAL GABLES, FL 33146
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02032004 Chg-LP CR2E003 (10/03)

4. FEI Number
 65-1063089

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

6. Name and Address of Current Registered Agent FERRARO, JAMES L 4000 PONCE DE LEON BLVD. SUITE 700 CORAL GABLES, FL 33146
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	Zip Code FL
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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$3,750,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$7,175,000.00
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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	
DOCUMENT #	P00000112058
NAME	NEW JERSEY PROFESSIONAL FOOTBALL, INC.
STREET ADDRESS	4000 PONCE DE LEON BLVD. SUITE 700
CITY-ST-ZIP	CORAL GABLES, FL 33146
DOCUMENT #	P00000112058
NAME	LAS VEGAS PROFESSIONAL FOOTBALL, INC.
STREET ADDRESS	4000 PONCE DE LEON BLVD SUITE 700
CITY-ST-ZIP	CORAL GABLES FL 33146
DOCUMENT #	(amendment filed 04/22/04)
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800033589108
CITY-ST-ZIP	04/22/04--01005--024 **2285.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	\$535.00
CITY-ST-ZIP	
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: _____ **James L. Ferraro** **3/15/04** **(305) 375-0111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE