

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY SEPTEMBER 8, 2004**

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|--|--|--|--|--|--|---|--|
| <b>DOCUMENT # - A00000002076</b>   |  |  |  |  |  | <b>FILED</b><br>04 OCT -8 PM 1:14                             |  |
| <b>1. Entity Name</b><br>PARDO PARTNERSHIP, LLLP   |  |  |  | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA<br><br><br><br>MOORE CR2E003 (4/04)   |  |   |  |
| <b>Principal Place of Business</b><br>266 WEST 35TH STREET<br>MIAMI BEACH FL 33140   |  | <b>Mailing Address</b><br>266 WEST 35TH STREET<br>MIAMI BEACH FL 33140     |  |  |  |   |  |
| <b>2. Principal Place of Business</b><br>266 W 35 STREET<br>Suite, Apt. #, etc.  |  | <b>3. Mailing Address</b><br>266 W 35 STREET<br>Suite, Apt. #, etc.        |  |  |  |   |  |
| <b>City &amp; State</b><br>MIAMI BEACH, FLORIDA<br>Zip: 33140 Country: USA   |  | <b>City &amp; State</b><br>MIAMI BEACH, FLORIDA<br>Zip: 33140 Country: USA |  | <b>4. FEI Number</b><br>65-107735 <del>APPLIED FOR</del>   |  | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |  |  |  |  |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br>ARAZOZA & FERNANDEZ FRAGA P.A.<br>2100 SALZEDO STREET, SUITE 300<br>CORAL GABLES FL 33134  |  |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name: MYRNA P. MILLAN<br>Street Address (P.O. Box Number is Not Acceptable): 266 W 35 STREET<br>City: MIAMI BEACH FL Zip Code: 33140                     |  |   |  |
| <b>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.</b><br>SIGNATURE:  DATE: 8/22/04   |  |  |  | <b>11. FILE NOW!!! Due by September 8, 2004!</b><br>See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee. <input checked="" type="checkbox"/> |  |   |  |
| <b>9. Capital Contributions as Shown on record.</b> \$810,000.00   |  | <b>10. Amount of Capital Contributions in FLORIDA to date.</b>             |  |  |  |   |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>  |  |  |  |  |  |   |  |
| <b>12. GENERAL PARTNER INFORMATION</b>   |  |  |  | <b>13. ADDRESS CHANGES ONLY</b>  |  |   |  |
| <b>DOCUMENT #</b><br><b>NAME</b> PARDO, DELIA<br><b>STREET ADDRESS</b> 266 WEST 35TH STREET<br><b>CITY - ST - ZIP</b> MIAMI BEACH FL 33140   |  |  |  | <b>STREET ADDRESS</b><br>400041987464<br><b>CITY - ST - ZIP</b> 10/15/04--01087--003 **526.25  |  |   |  |
| <b>DOCUMENT #</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |  |  |  | <b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |  |   |  |
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| <b>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</b> |  |  |  |  |  |   |  |
| <b>SIGNATURE:</b>  |  |  |  | Date: 8/22/04  |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   |  |  |  | Daytime Phone #  |  |   |  |

STAPLE CHECK HERE