


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

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000000665 1. Entity Name THE FALCON FAMILY LIMITED PARTNERSHIP	
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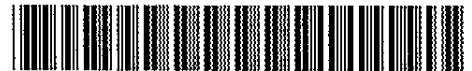
Principal Place of Business C/O FRED E. GLICKMAN, ESQ. 9200 S. DADELAND BLVD. MIAMI FL 33156	Mailing Address C/O FRED E. GLICKMAN, ESQ. 9200 S. DADELAND BLVD. MIAMI FL 33156
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E003 (11/03)

4. FEI Number 65-1104576	Applied For <input type="checkbox"/> 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 GLICKMAN, FRED E ESQ. 9200 S. DADELAND BLVD., SUITE 508 MIAMI FL 33156
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7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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8. The above entity submits this statement for purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of this registered agent.

SIGNATURE _____

9. Capital Contributions as Shown on record. \$1,980,000.00	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	
DOCUMENT #	P01000046798
NAME	REGINA CAELI, INC.
STREET ADDRESS	9200 S. DADELAND BLVD.
CITY- ST- ZIP	MIAMI FL 33156
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
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	
CITY- ST- ZIP	
STREET ADDRESS	
CITY- ST- ZIP	
STREET ADDRESS	
CITY- ST- ZIP	

U000000115026
04/18/04-80007-012 150.00

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  **LUIS A FALCON** 4/4/04 305 6616241 305 8221020

STAPLE CHECK HERE