


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
AND
FILED

04 MAY -5 PM 2:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A01000000776	
1. Entity Name NAVARRO FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 2833 BIRD AVE. MIAMI, FL 33133	Mailing Address 2665 S BAYSHORE DR., STE. 703 MIAMI, FL 33133
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 2833 Bird Avenue Suite, Apt. #, etc.
City & State	City & State Miami, Florida
Zip Country	Zip Country 33133 USA

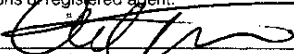


04222004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-1132387	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133	7. Name and Address of New Registered Agent Name Albert J. Lazo, Esq. Street Address (P.O. Box Number is Not Acceptable) 2833 Bird Avenue City Miami FL Zip Code 33133
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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  Albert J. Lazo 4/22/04
 Signature, typed or printed name of registered agent and title if applicable. DATE

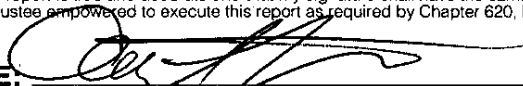
9. Capital Contributions as Shown on record: \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000056007	STREET ADDRESS	
NAME	NAVARRO MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	2833 BIRD AVE.		
CITY-ST-ZIP	MIAMI, FL 33133		
DOCUMENT #		STREET ADDRESS	800036290478
NAME		CITY-ST-ZIP	05/14/04-01014-002 **750.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

\$41.25

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:  4/30/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE