

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A01000000831

1. Entity Name
THE METCALFE FAMILY LIMITED PARTNERSHIP, L.P.



Principal Place of Business
5820 S.W. 53RD TERRACE
MIAMI, FL 33155

Mailing Address
5820 S.W. 53RD TERRACE
MIAMI, FL 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272004

Chg-LP

CR2E003 (10/03)

4. FFI Number
65-1113618

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SLOTO, JAMES R. ESQ.
C/O MISHAN, SLOTO, ET AL
200 BISCAYNE BLVD., SUITE 2350
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name **ALAN S. EHRlich, C.P.A. P.A.**

Street Address (P.O. Box Number is Not Acceptable)

2725 SW 27 AVENUE

City **MIAMI**

FL

Zip Code
33133

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

[Signature]

DATE

6/8/04

9. Capital Contributions
 as Shown on record. **\$987,250.77**

10. Amount of Capital Contributions
 in FLORIDA to date.

\$895,767

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 #
 NAME **METCALFE, VIRGINIA L**
 STREET ADDRESS **5820 S.W. 53RD TERRACE**
 CITY-ST-ZIP **MIAMI, FL 33155**

STREET ADDRESS
 CITY-ST-ZIP
200038164832
06/22/04--01063--003 **437.50

DOCUMENT #
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STREET ADDRESS
 CITY-ST-ZIP
200038164832
06/22/04--01063--004 **28.75

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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:

[Signature]

4/29/04 (305) 856-3009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE