
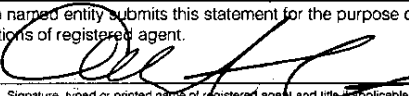
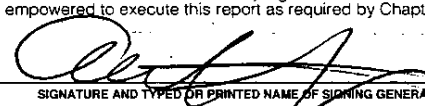


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

APPROVED
AND
FILED

04 MAY -5 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001200			
1. Entity Name VANESSA FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 2833 BIRD AVENUE MIAMI, FL 33133		Mailing Address 2665 S. BAYSHORE DR., SUITE 703 MIAMI, FL 33133	
2. Principal Place of Business		3. Mailing Address 2833 Bird Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miami, Florida	
Zip		Zip 33133	
Country		Country USA	
4. FEI Number 74-3054087		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		7. Name and Address of New Registered Agent	
WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133		Name Albert J. Lazo, Esq.	
		Street Address (P.O. Box Number is Not Acceptable) 2833 Bird 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 		Albert J. Lazo 4/22/04	
9. Capital Contributions as Shown on record: \$1,000.00		10. Amount of Capital Contributions in FLORIDA to date:	
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 STREET ADDRESS CITY-ST-ZIP	PO1000087645 VANESSA MANAGEMENT, INC. 2833 BIRD AVENUE MIAMI, FL 33133	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	900036290469
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	05/14/04 01014-002 **750.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	\$141.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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: 		Date 4/30/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	

STAPLE CHECK HERE

