2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

	Due By Wi	ay 1, 2004		cufOr
DOCUMENT # A0100001253 1. Entity Name THE GANCEDO FAMILY WAREHOUSE LIMITED				SECRETARY OF STATE DIVISION OF CORPORATIONS
PARTNE	RSHIP			04 FEB 19 AM 9: 57
Principal Plac 7251 SW 23 MIAMI, FL 3	STREET	Mailing Address 7251 SW 23 STREET MIAMI, FL 33155 U	s	
<u> </u>		la Maria		
2. Principal Place of Business 751cet 3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.				02032004 Chg-LP CR2E003 (10/03)
City & Stat	ami FL	City & State		4. FEI Number Applied For NOT APPLICABLE Not Applicable
3 ^{Zip} 3/s	26 County 15A	==Zip=====	Country,	5-Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
GANCEDO, CARLOS JR 7251 SW 23 STREET MIAMI, FL 33155			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	□ I Zip Code
8. The above	named entity submits this statement to	the numose of changing its		<u> </u>
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, typed or more admy 51 of justified agent	and title if applicable.		J-13-0P
9. Capital QC	on record \$1,000.00	10. Amount of Capita		
	A GENERAL PARTNER T			EGISTERED AND ACTIVE WITH THIS OFFICE.
12.	NOTE: General Partners MA GENERAL PARTNER		ne form; an amen	ADDRESS CHANGES ONLY
DOCUMENT #			STREET ADDRESS	
NAME STREET ADDRESS	GANCEDO, CARLOS JR 7251 SW 23 STREET		CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI, FL 33155		0117 03 21	200029748172
NAME	GANCEDO, CARLOS SR	٠	STREET ADDRESS	03/03/0401005018 **141.25
STREET ADORESS CITY-ST-ZIP	4121 SW 96 AVENUE MIAMI, FL 33165		CITY-ST-ZIP	
DOCUMENT #			STREET ADDRESS	
STREET ADDRESS			CITY-ST-ZIP	
DOCUMENT #		<u></u>	STREET ADDRESS	
NAME STREET ADDRESS			-	
<i>i</i>			CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS			STREET ADDRESS	
	!		CITY-ST-ZIP	
DOCUMENT #			STREET ADDRESS	
STREET LODRESS		<u>-</u>	CITY-ST-ZIP	
14. I hereby indicated the receiver	certify that the information supplied will d on this report is true and accordance and over or trustee empowered to execute the	this filing does not qualify for that my signature shall have sopport as required by Chap	r the exemption state the same legal effecter 620, Florida Statu	ad in Section 119.07(3)(i), Florida Statutes. I further certify that the information it as if made under oath; that I am a General Partner of the limited partnership outes
ł		/		2/15/70
SIGNAT	SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING GENER	AL PARTNER	Day Daylime Phone 9