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

STAPLE CHECK HERE

SIGNATURE:

DUE BY MAY 1, 2004					FILED	
DOCUMENT # A01000001647  1. Entity Name					Mar 04, 2004 08:00 AM Secretary of State	
17200 COLLINS, LTD.					; ;	
Principal Place of Business Mailing Address						
2828 CORAL WAY, PENTHOUSE SUITE 2828 CORAL WAY, PEN MIAMI FL 33145			PENTHOUS	E SUITE,		
	ace of Business	3. Mailing Address				
Suite, Apt.		Suite, Apt. #, etc.			MOORE CR2E003 (11/03)	
City & State		City & State			4. FEI Number 82-0538546 Applied For Not Applicable	
Zip	Country	Zip	Country	y 	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Registered Agent	
LIER	NIANDEZ ANCEL A			Name		
HERNANDEZ, ANGEL A 2828 CORAL WAY, PENTHOUSE SUITE MIAMI FL 33145			-	Street Address (i	O. Box Number is Not Acceptable)	
			-	City FL Zip Code		
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 printed name of registered agent and title if applicable.  OATE						
Capital Contributions as Shown on record.     Sep. 800.00				utions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
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.	an amendmen	ADDRESS CHANGES ONLY	
DOCUMENT P01000115212					70001000 0701000 0701	
NAME	TRELCOM SUNNY ISLES, INC.		STREET	FADDRESS		
STREET ADDRESS			CITY-S	ST-78P		
CITY - ST - ZIP	ZIP MIAMI FL 33145 /					
NAME  STREET ADDRESS	L01000013701 MAN-CO, USA, LLC	360	STREET	T ADDRESS	U00000087632 03/15/04-80019-020-535.00	
STREET ADDRESS CITY-ST-ZIP	3440 HOLLYWOOD BLVD., SUITE HOLLYWOOD FL 33021		C) TY - 5	ST-ZIP		
DOCUMENT # NAME			STREET	T ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CHY-S	ST-ZIP		
DOCUMENT / NAME			STREE	T ADORESS		
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP		
Document # Name			STREE	T ADDRESS		
STREET ADDRESS CITY-ST-ZIP			city-s	ST- ZIP		
BOCUMENT # NAME			STREE	T ADDRESS		
STREET ADDRESS CITY- ST- ZIP			CSTY - S			
14. I hereby certify that the information supplied with this filling 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 eath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required being partnership or the receiver or trustee empowered to execute this report as required by TERNATIONS.						

VICE-PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER