

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

**FILED**  
**May 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A01000001680**

1. Entity Name  
**LA VAQUITA PROPERTIES, LLLP**



Principal Place of Business  
**401 MIRACLE MILE SUITE 408**  
**C/O ROBERTO PERKINS**  
**CORAL GABLES, FL 33134**

Mailing Address  
**401 MIRACLE MILE SUITE 408**  
**C/O ROBERTO PERKINS**  
**CORAL GABLES, FL 33134**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. # etc.

Suite, Apt. # etc.

02112004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
**80-0047057**

Applied For  
 Not Applicable

Zip

Country

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

**ARAZOZA & FERNANDEZ FRAGA, P.A.**  
**2100 SALZEDO STREET**  
**SUITE 300**  
**CORAL GABLES, FL 33313-4**

Name

Street Address (P.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.

DATE

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 # **L01000021995**  
 NAME **SUGAR HOLDINGS, L.C.**  
 STREET ADDRESS **401 MIRACLE MILE SUITE 408**  
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

STREET ADDRESS  
 CITY-ST-ZIP **05/27/04-80006-013 150.00**

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/23/04**

Date

Daytime Phone #

STAPLE CHECK HERE