

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 MAY 11 AM 8:56

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DOCUMENT # A01000001706 1. Entity Name ABRIKA, LLLP					
Principal Place of Business 13800 NW 2ND STREET SUITE 190 SUNRISE, FL 33325			Mailing Address 13800 NW 2ND STREET SUITE 190 SUNRISE, FL 33325		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-0628621	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ACRAC, INC. 3320 FAIRFIELD LANE WESTON, FL 3331			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contribution as Shown on record: \$23,400,000		10. Amount of Capital Contributions in FLORIDA to date: \$23,400,000			
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	A01000001705 ACFP, LLLP 3320 FAIRFIELD LANE WESTON, FL 3331		STREET ADDRESS CITY-ST-ZIP	300036053313 05/11/04--01035--021 **2276.25	
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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)(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: <i>Alon P. Cohen</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER member of Abrika GPNER, LLC, General Partner ALON COHEN LLLP					

STAPLE CHECK HERE