

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

DOCUMENT # A02000000051

1. Entity Name

CARRAZANA FAMILY LIMITED PARTNERSHIP, L.P.



FILED

04 FEB -4 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

Principal Place of Business

520 HARBOR DRIVE
KEY BISCAYNE FL 33149-1707

Mailing Address

520 HARBOR DRIVE
KEY BISCAYNE FL 33149-1707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0574941

Applied For

Not Applicable

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

SLOTO, JAMES R ESQ.
C/O MISHAN, SLOTO, ET AL
200 S. BISCAYNE BLVD., SUITE 3000
MIAMI FL 33131

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.

\$3,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$20,000.00

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. ADDRESS CHANGES ONLY

DOCUMENT # P02000004270
NAME CARRAZANA FAMILY CORPORATION
STREET ADDRESS 520 HARBOR DRIVE
CITY-ST-ZIP KEY BISCAYNE FL 33149-1707

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS

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

ENRIQUE A. CARRAZANA--

SIGNATURE:

Enrique A. Carrazana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FEBRUARY 01, 2004.- (305) 361-2645

Date

Daytime Phone #

STAPLE CHECK HERE