

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A02000001242 1. Entity Name FFK MARTIN COUNTY DEVELOPERS, LTD.	
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04 MAR 16 PM 12:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 3440 HOLLYWOOD BLVD., SUITE 300 HOLLYWOOD, FL 33021	Mailing Address 3440 HOLLYWOOD BLVD., SUITE 300 HOLLYWOOD, FL 33021
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2. Principal Place of Business 18851 NE 29th Ave Suite, Apt. #, etc. 900	3. Mailing Address 18851 NE 29th Ave Suite, Apt. #, etc. 900
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01092004 Chg-LP CR2E003 (10/03)

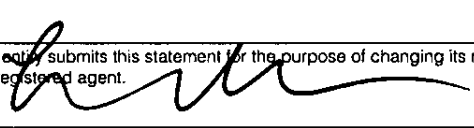
City & State AVENTURA, FL	City & State AVENTURA FL
Zip 33180	Country USA
Zip 33180	Country USA

4. FEI Number APPLICABLE FOR 74-3062957	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/>
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6. Name and Address of Current Registered Agent ROTH, LEONARDO A ESQ. 3440 HOLLYWOOD BLVD., SUITE 300 HOLLYWOOD, FL 33021	7. Name and Address of New Registered Agent Name BOTH LEONARDO A. ESQ Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29th Ave Suite 900 City AVENTURA FL Zip Code 33180
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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 **02/24/04**
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$0.00	10. Amount of Capital Contributions in FLORIDA to date. \$534,812.18	
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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 P02000070041 AVONLEA DEVELOPMENT CORP. 3440 HOLLYWOOD BLVD., SUITE 300 HOLLYWOOD, FL 33021	STREET ADDRESS CITY-ST-ZIP 18851 NE 29th Ave Suite 900 AVENTURA, FL 33180
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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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:  **Fernando Lorigan Director Treasurer 02/24/04 486.274.0000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE