

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

DOCUMENT # A02000001289					
1. Entity Name COSCAN FLORIDA HOLDINGS, LTD.					
Principal Place of Business 5555 ANGLERS AVENUE SUITE 1A FORT LAUDERDALE FL 33312 US			Mailing Address 5555 ANGLERS AVENUE SUITE 1A FORT LAUDERDALE FL 33312 US		
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 65-0873262- <input type="checkbox"/> Applied For Not Applicable	
6. Name and Address of Current Registered Agent REGISTERED AGENTS OF FLORIDA, LLC 100 SOUTHEAST SECOND STREET SUITE 2900 MIAMI FL 33131				7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record.		\$0.00		10. Amount of Capital Contributions in FLORIDA to date.	
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 #	L02000024712			STREET ADDRESS	
NAME	COSCAN ASSETS, LLC			CITY-ST-ZIP	700030302397 03/11/04--01035--007 **141.25
STREET ADDRESS	5555 ANGLERS AVENUE-SUITE 1				
CITY-ST-ZIP	FORT LAUDERDALE FL 33312				
DOCUMENT #	L02000024626			STREET ADDRESS	
NAME	DEVELOPERS FLORIDA ASSETS LLC			CITY-ST-ZIP	
STREET ADDRESS	5555 ANGLERS AVENUE - SUITE 1				
CITY-ST-ZIP	FORT LAUDERDALE FL 33312				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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NAME				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					
SIGNATURE:  ALBERT C. PAZZIA				2/16/04 954 620 1000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date Daytime Phone #</small>	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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