


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR -5 AM 10:49

DOCUMENT # A02000001430 1. Entity Name F.P. INVESTORS, LTD.	
--	---

Principal Place of Business 3440 HOLLYWOOD BLVD., STE 360 HOLLYWOOD, FL 33021	Mailing Address 3440 HOLLYWOOD BLVD., STE 360 HOLLYWOOD, FL 33021
---	---

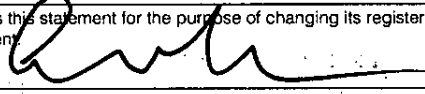
2. Principal Place of Business 18851 NE 29th Ave Suite, Apt. #, etc. -900 City & State Aventura, FL Zip 33180 Country USA	3. Mailing Address 18851 NE 29th Ave Suite, Apt. #, etc. -900 City & State Aventura, FL Zip 33180 Country USA
--	--



01092004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent ROTH, LEONARDO A ESQ 3440 HOLLYWOOD BLVD., STE 360 HOLLYWOOD, FL 33021	7. Name and Address of New Registered Agent Name ROTH, LEONARDO A. ESQ Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29th Ave Suite 900 City Aventura FL Zip Code 33180
---	---

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

9. Capital Contributions as Shown on record. \$200,338.80	10. Amount of Capital Contributions in FLORIDA to date. \$200,338.80
---	--

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 # P02000070041 NAME AVONLEA DEVELOPMENT, CORP. STREET ADDRESS 3440 HOLLYWOOD BLVD., STE 360 CITY-ST-ZIP HOLLYWOOD, FL 33021	STREET ADDRESS 18851 NE 29th Ave, Suite 900 CITY-ST-ZIP Aventura, FL 33180
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP 000030965670 03/24/04--01018--003 **526.50
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP

STAPLE CHECK HERE

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 Mori Giza, Director Treasurer** 02/24/04 786-274-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER