


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 04 MAR 23 PM 3:38

DOCUMENT # A03000000019 1. Entity Name CONSULEGAL LTD	
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Principal Place of Business 15734 NW 24TH ST PEMBROKE PINES, FL 33028 US	Mailing Address 15734 NW 24TH ST PEMBROKE PINES, FL 33028 US
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2. Principal Place of Business 13770 Sw 88 St Suite, Apt. #, etc. City & State Miami, Florida Zip Country 33186	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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02272004	Chg-LP	CR2E003 (10/03)
4. FEI Number 76-0725247	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VILLARROEL, JUDITH V 15734 NW 24TH ST PEMBROKE PINES, FL 33028	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____

9. Capital Contributions as Shown on record. \$500.00	10. Amount of Capital Contributions in FLORIDA to date.
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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
	VILLARROEL, JUDITH V		
	15734 NW 24TH ST		
	PEMBROKE PINES, FL 33028		
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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: *[Signature]* 03/19/2004 (305) 387-7881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE