

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

04 APR 30 PM 12:16

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DOCUMENT # A03000000404  
 1. Entity Name  
 SAN MARINO LIMITED PARTNERSHIP

Principal Place of Business      Mailing Address  
 9559 HARDING AVENUE      9559 HARDING AVENUE  
 SURFSIDE, FL 33154      SURFSIDE, FL 33154

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



02162004      Chg-LP      CR2E003 (10/03)

4. FEI Number      Applied For  
 20-0269566      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**

LATOUR, DANIEL  
 9559 HARDING AVENUE  
 SURFSIDE, FL 33154

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record.      \$10,000.00      10. Amount of Capital Contributions in FLORIDA to date.      158.75 \$

**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 #	P99000070891	STREET ADDRESS	
NAME	MIAMI EXPERT PARTNERS, INC.	CITY-ST-ZIP	
STREET ADDRESS	9559 HARDING AVENUE		
CITY-ST-ZIP	SURFSIDE, FL 33154		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	800036478258
STREET ADDRESS			05/14/04--01053--018 **158.75
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		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: *Daniel Latour*      Date: 4/27/04      Daytime Phone # \_\_\_\_\_