


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

2004 JUL 14 AM 9:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A03000000463

1. Entity Name
 THE VARA GROUP, LTD.



Principal Place of Business
 4521 PGA BLVD. SUITE 308
 PALM BEACH GARDENS, FL 33418

Mailing Address
 4521 PGA BLVD. SUITE 308
 PALM BEACH GARDENS, FL 33418

2. Principal Place of Business
 4521 PGA BLVD
 Suite, Apt. #, etc.
 308

3. Mailing Address
 SAME
 Suite, Apt. #, etc.

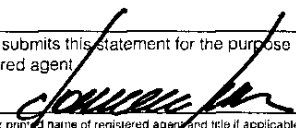
City & State
 PALM BEACH GARDENS
 FL 33418

City & State
 PALM BEACH GARDENS
 FL 33418

6. Name and Address of Current Registered Agent
 VARA, DOMINIQUE
 4521 PGA BLVD. SUITE 308
 PALM BEACH GARDENS, FL 33418

7. Name and Address of New Registered Agent
 Name: DOMINIC VARA
 Street Address (P.O. Box Number is Not Acceptable): 4521 PGA BLVD #308
 City: PALM BEACH GARDENS FL 33418

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: 7.10.04

9. Capital Contributions as Shown on record: \$500.00

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 #	VARA, DOMINIQUE	STREET ADDRESS	
NAME	4521 PGA BLVD. SUITE 308	CITY-ST-ZIP	300039696043
STREET ADDRESS	PALM BEACH GARDENS, FL 33418		07/29/04--01047--001 **141.25
CITY-ST-ZIP		STREET ADDRESS	
		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:  DOMINIC VARA DATE: 7-10-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE