


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

FILED

04 MAY 12 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000527
1. Entity Name
LDK FAMILY LIMITED PARTNERSHIP, LTD.



Principal Place of Business Mailing Address
**6840 SW 101 STREET
MIAMI FL 33156-3244** **6840 SW 101 STREET
MIAMI FL 33156-3244**

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 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

MOORE CR2E003 (11/03)



6. Name and Address of Current Registered Agent
**LDK GENERAL PARTNER, LLC
6840 SW 101 STREET
MIAMI FL 33156-3244**

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

9. Capital Contributions as Shown on record. **\$1,200,000.00**

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

DOCUMENT #	L03000011611
NAME	LDK GENERAL PARTNER, LLC
STREET ADDRESS	6840 SW 101 STREET
CITY-ST-ZIP	MIAMI FL 33156-3244
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	000000158513
CITY-ST-ZIP	05/07/04 00025 001 526-25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Delia Kalma*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-28-04 305-586-2480
Date Daytime Phone #