2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

| 1. Entity Nam | MENT # A0300000062 | 4 | | Fi | | |
|--|--|--|---|------------------------------|---------------------------------------|-----------------------------------|
| Principal Plac 3800 N. MIA MIAMI, FL 33 | MI AVENUÉ 4 | ailing Address 912 PINE TREE DR. IIAMI BEACH, FL 33140 | US | 2004 SEP - | 8 P 2: 31 | He oshe nyii birshi bi ibbi |
| | N MIAMIANE | Mailing Address 3800N N/9 Suite, Apt. #, etc. | M. AUENUZ | 09022004 Chg-l | P CR2E0 | 03 (10/03) |
| City & Stat | | City & State | | 4. FEI Number | 864 | Applied For Not Applicable |
| ^{Zip} 31 | 27 DANE | 33127 | PAOS | 5. Certificate of Status i | | \$8.75 Additional Fee Required |
| | 6. Name and Address of Current Regis | tered Agent | Name | 7. Name and Address | of New Registered A | igent |
| | A, ED TREE DR ACH, FL 33140 | . a e | | P.O. Box Number is Not A | cceptable) | · - |
| | | | City | | FL | Zip Code |
| | named entity submits this statement for the pions of registered agent. Signature, typed or printed name of registered agent and title | | tered office or register | red agent, or both, in the S | tate of Florida. I am f | amiliar with, and accept |
| 9. Capital Contributions as Shown on record. \$0.00 In FLORIDA to date | | | ntributions $ ot\!$ | 3 | 5/112 | 88 4 |
| | A GENERAL PARTNER THAT | IS A BUSINESS ENTITY | MUST BE REGIST | TERED AND ACTIVE I | WITH THIS OFFICE | Ξ. |
| 12. | NOTE: General Partners MAY NO GENERAL PARTNER INFO | | rm; an amendmer 3. | | nge a general par RESS CHANGES ONL | |
| DOCUMENT # | denerose i zavineri ini c | | | ADDI | 1E30 CHAIVGES CIVE | -! |
| NAME · | VERGOPIA, ED | | STREET ADDRESS | | | |
| STREET ADDRESS CITY-ST-ZIP | 4912 PINE TREE DR. MIAMI BEACH, FL 33140 | • | CITY - ST - ZIP | | | |
| DOCUMENT / NAME | | | STREET ADDRESS | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | 5000 | 041329 -01070009 | 295 |
| DOCUMENT # NAME | | <u> </u> | STREET ADDRESS | 93/24/U4- | -u1070U09 | **541.25 |
| STREET ADDRESS CITY-ST-ZIP | , | - | CITY-ST-ZIP | | | |
| NAME STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP DOCUMENT # | | | CITY-ST-ZIP | , a | | |
| name Street address | | | STREET ADDRESS | | , | |
| CITY-ST-ZIP DOCUMENT # | : | | STREET ADDRESS | | | |
| NAME STREET ADDRESS CITY ST-ZIP | | 1 | CITY-ST-ZIP | | | |
| Indicated | certify that the information supplied with this on this report is true and accurate and that to ver or trustee empowered to execute this rep | ny signature shall have the sa | ame legal effect as if r | | | |
| SIGNAT | URE: | ED HAME OF BIGNING GENERAL PAR | TAFE | 9/2/ | DY (305) | 1673-263 |