2094 LIMITED PARTILE SHIP ANNUAL RECURI Due By May 1, 2004

SIGNATURE: \_

1. Entity Nam	MENT # A03000000 rango, ltd.	779	,		, GiAidil	•	KWHOU2	
Principal Place 2929 SOUTH MIAMI, FL 33	IWEST 3RD AVENUE, SUITE 620	Mailing Address 2929 SOUTHWEST 3RD AVENUE, SUITE 620 MIAMI, FL 33129		041	AAR 17 PI	1 1: 32		
<sup>2</sup> 787	Ace of Business	3.2828 CORAL WAY						
Suite, Apt. # etc.		Suite, Apr. #, etc. 208		1	01102004	Chg-LP	CR2E003 (10/03)	
City & Stat	AMI. FL	City & State	FL	· · · · · · · · · · · · · · · · · · ·	4. 20 Number	0255	5 Applie	ed For pplicable
3314	S Country USA	33145	COUPTE		5. Certificate of	Status Desired	S8.75 Addition	nal
	6. Name and Address of Current I		7. Name and Address of New Registered Agent					
-SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FLOOR MIAMI, FL 33145				Street NORBERTO HAN -SULTE 208				
<i>,</i>				City MI	DMI		FL DOM	<u> </u>
8. The above named entity submits his 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.  Nocesian Roman Med 1000								
Signature, typed or printfir yame of registered agent and title if explicable.  9. Capital Contributions 04,000,00 10. Amount of Capital Contributions 0.00 75								
as Shown on record. \$1,000.00 in FLORIDA to date.								
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	13.			ADDRESS CH	ANGES ONLY		
DOCUMENT / NAME	P03000055506 TWO BY FOUR INVESTMENTS,	INC	STRE	ET ADDRESS 28	28 Co21	raw le	-Suite 2	<i>3</i> &
STREET ADDRESS	2929 SOUTHWEST 3RD AVENU				C1 00 140			
CITY-ST-ZIP	MIAMI, FL 33129			- P	IDMI -	TL-	22127	
DOCLIMENT # NAME			STRE	ET ADDRESS				
STREET ADDRESS CITY - ST - ZIP			спу.	-ST-ZIP				
DOCUMENT #			STRE	ET ADDRESS	00	10028	500060 4 <del>-013 **193.</del> 7	· · ·
NAME STREET ADDRESS	ET ADDRESS			-ST-ZIP	<del></del>	<del>/040104</del>	<del>4013 **193.7</del>	75
CITY-ST-ZIP DOCUMENT			SUBS	ET ADDRESS				
NAME STREET ADDRESS			31110					
CITY-ST-ZIP			СПУ	ST-ZIP				
DOCUMENT # NAME			STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			СПУ	-ST-ZIP				
DOCUMENT #			STRE	ET ADDRESS				
NAME STREET ADDRESS	\			-ST-ZIP				
CITY-ST-ZIP	postific that the information of the first state	this filling door not over!!!			2000m 440 07/0V	Decide Otation	I from a position that the later	
14. I hereby certify that the information supplied with this filling 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 exempt this report as required by Chapter 620, Florida Statutes								

NORBERTO PORON, MGR 1/10/04 (305)6483141