


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 2004 APR 30 AM 10:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A03000000793 1. Entity Name L & M ENTERPRISES GROUP, LTD.	
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Principal Place of Business % L & M ENTERPRISES GROUP, INC. 15736 SW 76TH TERRACE MIAMI, FL 33193	Mailing Address % A&A REGISTERED AGENT, INC. 2450 SW 137TH AVE., SUITE 221 MIAMI, FL 33175
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04192004 Chg-LP CR2E003 (10/03)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent A&A A&P REGISTERED AGENT, INC. 2450 SW 137TH AVE., SUITE 221 MIAMI, FL 33175	7. Name and Address of New Registered Agent Name: A & A Registered Agent, Inc. Street Address (P.O. Box Number is Not Acceptable): 2450 SW 137th Avenue Suite 221 City: Miami FL Zip Code: 33175
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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: <u>Gretel Rodriguez, President</u> DATE: <u>4/19/04</u>	
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9. Capital Contributions as Shown on record. \$0.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P03000037454	STREET ADDRESS	
NAME	L & M ENTERPRISES GROUP, INC.	CITY-ST-ZIP	
STREET ADDRESS	15736 SW 76TH TERRACE		
CITY-ST-ZIP	MIAMI, FL 33193		
DOCUMENT #		STREET ADDRESS	500036193975
NAME		CITY-ST-ZIP	05/12/04--01035--003 **151-75
STREET ADDRESS			
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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: <u>Luis Airado, President</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date: <u>(305) 221-2110</u> Daytime Phone #
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STAPLE CHECK HERE