



**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

04 MAY -5 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A03000000847</b>			
1. Entity Name <b>TURAB GROUP, LTD.</b>			
Principal Place of Business 1321 NORTHWEST 14TH STREET, SUITE 503B MIAMI, FL 33125		Mailing Address 1321 NORTHWEST 14TH STREET, SUITE 503B MIAMI, FL 33125	
2. Principal Place of Business		3. Mailing Address <b>9260 SW 72nd Street</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>206</b>	
City & State		City & State <b>Miami, FL 33173</b>	
Zip	Country	Zip	Country
<b>33173</b>	<b>USA</b>	<b>33173</b>	<b>USA</b>
4. FEI Number <b>20-0045265</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
7. Name and Address of New Registered Agent			
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. <b>\$40,100.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P03000062665	STREET ADDRESS	
NAME	TURAB CORP.	CITY-ST-ZIP	
STREET ADDRESS	1321 NORTHWEST 14TH STREET, SUITE 503B		
CITY-ST-ZIP	MIAMI, FL 33125		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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: 		04/26/04 305-326-1440	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	



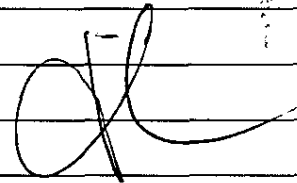
04242004 Chg-LP CR2E003 (10/03)

FL

Zip Code

500037578095

06/02/04--01036--023 \*\*375.75



STAPLE CHECK HERE