



2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 8, 2004

DOCUMENT # A03000000921						FILED 04 AUG 16 PM 2:08 SECRETARY OF STATE TALLAHASSEE FLORIDA	
1. Entity Name TRISTAR FAMILY LIMITED PARTNERSHIP							
Principal Place of Business 430 S.W. 195TH AVENUE PEMBROKE PINES FL 33029			Mailing Address 430 S.W. 195TH AVENUE PEMBROKE PINES FL 33029				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				MOORE CR2E003 (4/04) <i>8/16</i>	
City & State		City & State		4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	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			
ROZENCWAIG, LESLIE ALAN PA 1 S.E. 3RD AVENUE, STE. 960 MIAMI FL 33131				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.						11. FILE NOW!!! Due by September 8, 2004! See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee. <input type="checkbox"/>	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> DATE _____							
9. Capital Contributions as Shown on record.		\$600,000.00		10. Amount of Capital Contributions 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 INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT #	L03000013381			STREET ADDRESS			
NAME	TRISTAR FAMILY HOLDINGS, L.C.			CITY-ST-ZIP			
STREET ADDRESS	430 S.W. 195TH AVENUE						
CITY-ST-ZIP	PEMBROKE PINES FL 33029						
DOCUMENT #				STREET ADDRESS	300040651543		
NAME				CITY-ST-ZIP	08/31/04--01004--013 **541.25		
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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: <i>Diana Rodriguez</i>				Date <i>8/16/04</i> Daytime Phone # <i>305 525 3210</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER							