


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

<b>DOCUMENT # A03000000925</b> 1. Entity Name P.A.R. GROUP, LTD.	
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F.L.D.  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 AUG 30 PM 1:10

Principal Place of Business 14220 SW 9TH TERRACE MIAMI, FL 33184	Mailing Address 14220 SW 9TH TERRACE MIAMI, FL 33184
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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

08052004 Chg-LP CR2E003 (10/03)

4. FEI Number X 58-267 4981	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  PALMER, GABRIEL A 14220 SW 9TH TERRACE MIAMI, FL 33184
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7. Name and Address of New Registered Agent	
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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.


9. Capital Contributions as Shown on record. <b>\$6,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	CABALLERO, GABRIEL A		
	7924 SW 146 COURT		
	MIAMI, FL 33183		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	DEL ROSSI, LOURDES PALMER		
	2420 GRANDADA BLVD.		
	CORAL GABLES, FL 33134		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	PALMER, FRANCISCO		
	7095 SW 152 CT.		
	MIAMI, FL 33193		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	ADROVER, GABRIEL A		
	14220 S.W. 9TH TERRACE		
	MIAMI, FL 33184		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	CANDELA, ROSA E		
	VIA SAN FRANCISCO #89		
	PISA ITALIA 56127,		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

800041329918  
 09/24/04--01080--006 \*\*141.25

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/20/04  
Date Daytime Phone #

STAPLE CHECK HERE