

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 JUN 15 PM 3:58

STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

MJH



01212004 Chg-LP CR2E003 (10/03) 6/15

DOCUMENT # A03000000988
 1. Entity Name
 FLORIN INVESTMENTS, LTD.



Principal Place of Business: 10000 WEST COLONIAL DRIVE, SUITE 288, OCOEE, FL 34761
 Mailing Address: 10000 WEST COLONIAL DRIVE, SUITE 288, OCOEE, FL 34761

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number: Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: FLORIN, JORGE L., 10000 WEST COLONIAL DRIVE, SUITE 288, OCOEE, FL 34761
 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: \$5,001,000.00
 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 # | L03000024993 | STREET ADDRESS | |
| NAME | FLORIN MANAGEMENT, LLC | CITY - ST - ZIP | |
| STREET ADDRESS | 10000 WEST COLONIAL DRIVE, SUITE 288 | | |
| CITY - ST - ZIP | OCOEE, FL 34761 | | |
| DOCUMENT # | | STREET ADDRESS | 900038161719 |
| NAME | | CITY - ST - ZIP | 05/22/04 01007-007 **526.25 |
| 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 | | | |

STAPLE CHECK HERE

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: _____ **JORGE L. FLORIN** **4/24/04** **407-521-360**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #