

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR -1 AM 9:26

**DOCUMENT # A03000001110**  
1. Entity Name  
**THE ARACELIA LORENZO FAMILY LIMITED PARTNERSHIP**



Principal Place of Business: 1077 N.W. 45TH AVENUE, APT. 113 MIAMI FL 33126  
Mailing Address: 1077 N.W. 45TH AVENUE, APT. 113 MIAMI FL 33126



MOORE CR2E003 (11/03)

2. Principal Place of Business: 16416 SW 77 Trv  
3. Mailing Address: 16416 SW 77 Trv  
Suite, Apt. #, etc.

City & State: Miami Florida  
City & State: Miami Florida

4. FEI Number: 01-0804321  
Applied For: Not Applicable

Zip: 33193 Country: Dade  
Zip: 33193 Country: Dade

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
LORENZO, ARACELIA  
1077 N.W. 45TH AVENUE, APT. 113  
MIAMI FL 33126

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: \$800,000.00  
10. Amount of Capital Contributions in FLORIDA to date: \_\_\_\_\_  
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	LORENZO, ARACELIA	STREET ADDRESS	16416 SW 77 Trv
NAME	1077 N.W. 45TH AVENUE, APT. 113	CITY-ST-ZIP	Miami FLA 33193
STREET ADDRESS	MIAMI FL 33126		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	<del>03/10/04-01054-003 **526.25</del>
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	400030237814
NAME		CITY-ST-ZIP	03/10/04--01054--003 **526.25
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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: ARACELIA LORENZO Aracelia Lorenzo 2-3-04 305-386-9606  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #