



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

DOCUMENT # A03000001117 1. Entity Name CISNEROS FAMILY LIMITED PARTNERSHIP						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 MAY -6 PM 1:01 <i>4/20/04</i>	
Principal Place of Business 4918 LYFORD CAY ROAD TAMPA FL 33629				Mailing Address 4918 LYFORD CAY ROAD TAMPA FL 33629			
2. Principal Place of Business		3. Mailing Address		 MOORE CR2E003 (11/03)			
Suite, Apt. #, etc		Suite, Apt. #, etc					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number				<input checked="" type="checkbox"/> 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			
CISNEROS, FRANK G 4918 LYFORD CAY ROAD TAMPA FL 33629				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>							
9. Capital Contributions as Shown on record.		\$2,000,000.00		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 #	P03000056799			STREET ADDRESS	000000157809 05/06/04-80043-017 526.25		
NAME	CISNEROS MANAGEMENT, INC.			CITY - ST - ZIP			
STREET ADDRESS	4918 LYFORD CAY ROAD			STREET ADDRESS			
CITY - ST - ZIP	TAMPA FL 33629			CITY - ST - ZIP			
DOCUMENT #				STREET ADDRESS			
NAME				CITY - ST - ZIP			
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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: *FRANK G. CISNEROS* **4/20/04** **813-2001361**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #