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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  LA L bayaby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07/(3)(i) Florida Statutes L further certify that the information			DUE BY N	MAY 1, 2004	١	.3 -		150
ON FEB 24 AM 9: 24  Principal Place of Business  Making Advess PO BOX 331056 COCONLIT GROVE FL 32233  ***  **  **  **  **  **  **  **	DØ	DOCUMENT # A03060001122					FILED	STATE
ON FEB 24 AM 9: 24  Principal Place of Business  Making Advess PO BOX 331056 COCONLIT GROVE FL 32233  ***  **  **  **  **  **  **  **	1 🗸	1. Entity Name					DIVISION OF CORP	ÖRATIONS
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CORNET CARRELS FL 39134  COCONUT GROVE FL 39233  Sulfa, Apt. #, etc.  Su	Princip	ipal Place of B	usiness	Mailing Address		The state of the s	U41L024 HI	J. E4
Sure, Act. #, etc.  Sure,		107 SARTO AVENUE PO BOX 331056						
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City & State  Country  Country  Country  Country  Country  Country  Country  6. Name and Address of Current Registered Agent  7. Name and Address of Now Registered Agent  MARTINI, GREGORY T  2655 LEDILUR ROAD STE. 1101  CORAL GABLES FL 33134  City  City  FL  City  City  City  City  City  City  City  FL  City  City  City  City  City  FL  City  C	<u> </u>							
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8. Name and Address of Current Registered Agent  7. Name and Address of Naw Registered Agent  AARTINI, GREGORY T 2655 LEJEUNE ROAD STE 1101  CORAL GABLES FL 33134  City  FL  Zig Code  8. The above named entity submits this statistment 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  Signatur, speed a printed name of registered agent.  SIGNATURE  Signatur, speed a printed name of registered agent.  A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND CATTLE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND CATTLE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND CATTLE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTINER THAT IS A SUSINESS ENTITY MUST BE REGISTERED AND CATTLE WITH THIS OFFICE.  NOTE: GENERAL PARTINER THAT IS A SUSINESS ENTITY MUST BE REGISTERED AND CATTLE WITH THIS OFFICE.  OCCUMENT /  Nove  SITEST ADDRESS  CITY-ST-2P  DOCUMENT /  Nove  SITEST ADDRESS  CITY-ST-2P	Zip	Zip Country		Zip . Country		itry		\$8.75 Additional
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2655 LEJEUNE ROAD STE. 1101 CORAL GABLES FL 33134  City FL Zip Code  8. The above nerred antity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE 9. Cast tal Contributions as Shown on record.  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: Ceneral Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. ADDRESS CHANGES DIRLY  DOCUMENT / NAME ACRES, LLC STREET ADDRESS CITY-ST-ZP  DOCUMENT / NAME STREET ADDRESS CI		بيرجم بنار	The second secon			Name		
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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 of the receiver or trustee empowered to execute this report as required by Chapter 620. Florida Statutes	l ir	indicated on th	sis report is true and accurate a	nd that my signature shall have	e the sam	ie legal effect as if d	ection 119.07(3)(i), Florida Statutes. I furth made under oath; that I am a General Part	er certify that the information ner of the limited partnership or

Constantine Scurts 2/1/04
SIGNING GENERAL PARTNER