

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

DOCUMENT # A03000001377

1. Entity Name

IERI HOMES, LIMITED PARTNERSHIP



Principal Place of Business

6830 SW 90 STREET
 MIAMI FL 33156
 US

Mailing Address

6830 SW 90 STREET
 MIAMI FL 33156
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

WEISSENBORN, SHERIDAN ESQUIRE
 3001 PONCE DE LEON BLVD.
 SUITE 214
 MIAMI FL 33134

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
 as Shown on record

\$0.00

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 #
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TRINCHERO, PIERO
 6830 SW 90 STREET
 MIAMI FL 33156

STREET ADDRESS
 CITY - ST - ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

BERISIARTU, ANGEL R
 6850 SW 90 STREET
 MIAMI FL 33156

STREET ADDRESS
 CITY - ST - ZIP

000000136422
 04/29/04-80011-001 150.00

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

STREET ADDRESS
 CITY - ST - ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

STREET ADDRESS
 CITY - ST - ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

STREET ADDRESS
 CITY - ST - ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

STREET ADDRESS
 CITY - ST - ZIP

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

PIERO TRINCHERO

04-18-04

Date

Daytime Phone #

(305) 984-3499

FILED

2004 APR 29 PM 4:10

DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA



MOORE

CR2E003 (11/03)

STAPLE CHECK HERE