


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

<b>DOCUMENT # A03000001542</b> 1. Entity Name <b>ALEJO FAMILY LIMITED PARTNERSHIP</b>	
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 FEB 19 AM 10:27

03/02/04

Principal Place of Business <b>1900 S.W. 18TH AVENUE</b> <b>MIAMI, FL 33145</b>	Mailing Address <b>1900 S.W. 18TH AVENUE</b> <b>MIAMI, FL 33145</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip      Country	Zip      Country

01122004      Chg-LP      CR2E003 (10/03)

4. FEI Number <b>20-0313011</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ROZENCWAIG, LESLIE A ESQ.**  
**LESLIE ALAN ROZENCWAIG, P.A.**  
**1 S.E. 3RD AVENUE, SUITE 960**  
**MIAMI, FL 33145**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code **33131**

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. <b>\$392,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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**

DOCUMENT #	<b>L03000036882</b>
NAME	<b>ALEJO FAMILY HOLDINGS, L.C.</b>
STREET ADDRESS	<b>1900 S.W. 18TH AVENUE</b>
CITY-ST-ZIP	<b>MIAMI, FL 33145</b>

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	<b>900029743449</b>
STREET ADDRESS	<b>03/03/04--01005--024 **526.25</b>
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:**  **Odalys Loqueir** **2/14/04 (305) 635-7586**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

STAPLE CHECK HERE