

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A03000001559 1. Entity Name ZEQUEIRA FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 1900 S.W. 18TH AVENUE MIAMI, FL 33145	Mailing Address 1900 S.W. 18TH AVENUE MIAMI, FL 33145
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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01122004 Chg-LP CR2E003 (10/03)

4. FEI Number 20-0312984	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	DATE
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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 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. \$392,000.00	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	13. ADDRESS CHANGES ONLY
DOCUMENT # L03000036883 NAME ZEQUERIA FAMILY HOLDINGS, L.C. STREET ADDRESS 1900 S.W. 18TH AVENUE CITY-ST-ZIP MIAMI, FL 33145	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 100029743421 CITY-ST-ZIP 03/03/04 01005 023 **526-25 <i>bmb</i>
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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: *[Signature]* **Chris Zequeira** *2/14/04* *(305) 635-2816*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

03/02/04
 04 FEB 19 AM 10:21

