


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

**FILED
Apr 05, 2004 08:00 AM
Secretary of State**

DOCUMENT # A04245 1. Entity Name SOUTH DADE WAREHOUSES, LTD.	
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Principal Place of Business 9150 S.W. 87TH AVENUE, SUITE 205 MIAMI, FL 33176-2384	Mailing Address 9150 S.W. 87TH AVENUE, SUITE 205 MIAMI, FL 33176-2384
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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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03172004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-1586063	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

GREENSTEIN, STEWART A.
9150 S.W. 87TH AVENUE, SUITE 200
MIAMI, FL 33176-2384

7. Name and Address of New Registered Agent

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

9. Capital Contributions as Shown on record. \$900.00	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	
DOCUMENT #	L99000000487
NAME	SOUTH DADE WAREHOUSES, L.L.C.
STREET ADDRESS	9150 S.W. 87TH AVENUE, SUITE 205
CITY-ST-ZIP	MIAMI, FL 33176
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	000000110976 04/13/04-80001-007 141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Stewart A. Greenstein **3/29/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **305-575-1518**
Date Daytime Phone #