
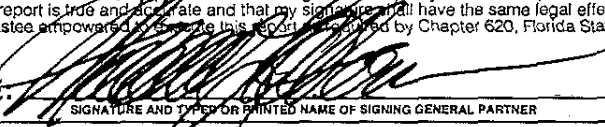


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # A15503					
1. Entity Name SOUTH MIAMI PROPERTIES, LTD.					
Principal Place of Business 13 S.W. 7TH STREET MIAMI, FL 33130		Mailing Address 13 S.W. 7TH STREET MIAMI, FL 33130			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2347371	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LATTERNER, MICHAEL 13 S.W. 7TH STREET MIAMI, FL., FL 33130				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$479,700.00		10. Amount of Capital Contributions in FLORIDA to date.			
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		
STREET ADDRESS	3930 UTOPIA COURT		CITY - ST - ZIP		
CITY - ST - ZIP	MIAMI, FL. 33133,				
DOCUMENT #	NAME		STREET ADDRESS	1100000069801	
STREET ADDRESS			CITY - ST - ZIP	02/22/04-90010-018 526 25	
CITY - ST - ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
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STREET ADDRESS			CITY - ST - ZIP		
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 prepare this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 			2-4-04 305-372-1266		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE