


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

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

DOCUMENT # A26722	
1. Entity Name SILVER EAGLE DISTRIBUTORS LTD.	

Principal Place of Business 1000 PARK OF COMMERCE BLVD. HOMESTEAD FL 33035	Mailing Address 1000 PARK OF COMMERCE BLVD. HOMESTEAD FL 33035
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0064127	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent VAZQUEZ-BELLO, CLEMENTE L., ESQ. VALDES-FAULI, COBB & PETREY, P.A. #3400, ONE BISCAYNE TWR, 2 S. BISCAYNE BLV 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 <small>Signature typed or printed name of registered agent and title if applicable</small>	DATE
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9. Capital Contributions as Shown on record. \$5,860,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY - ST - ZIP	P95000018019 RFO, INC. 7409 S.W. 168 TERRACE MIAMI FL 33157	STREET ADDRESS CITY - ST - ZIP	00000111161 04/13/04-80005-005-526.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P99000018628 CHACE, INC. 1000 PARK OF COMMERCE BLVD. HOMESTEAD FL 33035	STREET ADDRESS CITY - ST - ZIP	
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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)(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:  **RAMON F. DYARZUN** 2/20/04 305-230-2337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #