

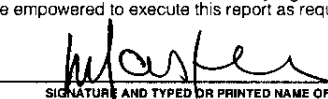


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A28883 1. Entity Name AMERICAN CORPORATE INVESTMENTS, LIMITED					
Principal Place of Business 801 BRICKELL AVE., 16TH FLOOR MIAMI, FL 33131			Mailing Address 801 BRICKELL AVE., 16TH FLOOR MIAMI, FL 33131		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01082004 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-0986879	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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. \$1,000.00			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 #	F93000002120		STREET ADDRESS		
NAME	AMERICAN CORPORATE INVESTMENTS, LTD. B.V.I		CITY-ST-ZIP		
STREET ADDRESS	THE LAKE BUILDING FIRST FLOOR		STREET ADDRESS		
CITY-ST-ZIP	TORTOLA BRITISH V.I.,		CITY-ST-ZIP		
DOCUMENT #	L08288		STREET ADDRESS	900034811179	
NAME	AMERICAN CORPORATE INVESTMENTS, INC.		CITY-ST-ZIP	04/30/04--01018--028 **1093.75	
STREET ADDRESS	801 BRICKELL AVE., 16TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			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 execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 			4/12/04		305-381-8340
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>

STAPLE CHECK HERE

4/11/04