

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 04 APR 13 PM 1:05

DOCUMENT # A31678 1. Entity Name LISBOA HOLDINGS, LTD.					
Principal Place of Business C/O KRAMER & ZUCKERMAN, P.A. 4000 HOLLYWOOD BLVD., SUITE 485 SO. HOLLYWOOD, FL 33021				Mailing Address C/O KRAMER & ZUCKERMAN, P.A. 4000 HOLLYWOOD BLVD., SUITE 485 SO. HOLLYWOOD, FL 33021	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 11699 E. Oakland Pk. Blvd. Suite, Apt. #, etc.			
City & State Zip		City & State Ft. Lauderdale, FL Zip 33334		4. FEI Number 03232004 Chg-LP CR2E003 (10/03) 65-0269367	
Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent KRAMER, ROBERT M. KRAMER & ZUCKERMAN, P.A. 4000 HOLLYWOOD BLVD., SUITE 485 SO. HOLLYWOOD, FL 33021				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. \$13,000.00		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 # NAME SAMUELS, NORMAN STREET ADDRESS 1699 E OAKLAND PARK BLVD CITY-ST-ZIP FT LAUDERDALE, FL 33334				STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS 000034525968 04/29/04--01007--024 **179.75 CITY-ST-ZIP	
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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:  NORMAN SAMUELS 4-12-04 954564 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE

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