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

## FILED Apr 29, 2004 08:00 AM Secretary of State

1. Entity Nam	MENT # A31867 9800, LTD.				Secretary of Sta
Principal Place of Business 11000 NW 92 TERR MIAMI, FL 33178		Mailing Address 11000 NW 92 Ti MIAMI, FL 3317			
2. Principal P	flace of Business	3. Mailing Address	<u> </u>		
Suite, Apt #, etc.		Suite, Apt. #, etc.		04232004 Chg-LP	CR2E003 (10/03)
City & State		City & State		4. FEI Number 65-0343759	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New	
SILVER, SCOTT A 3350 S.W. 27TH AVE.			Street Addres	Street Address (P.O. Box Number is Not Acceptable)	
COCONUT GROVE, FL 33133					
			City		FL Zip Code
<ol><li>The above the obligat</li></ol>	named entity submits this statemen ions of registered agent.	t for the purpose of chang	ging its registered office or regis	stered agent, or both, in the State of F.	lorida I am familiar with, and accept
SIGNATURE	Signature (vpod or printed nome of registered as	ent and tile if applicable			DATE
9. Capital Co			f Capital Contributions OA to date		
	A GENERAL PARTNEI	R THAT IS A BUSINES	SS ENTITY MUST BE REG	ISTERED AND ACTIVE WITH T	HIS OFFICE.
12.		MAY NOT be changed NER INFORMATION	d on the form; an amendm	ent must be filed to change a c	general partner. HANGES ONLY
DOCUMENT # VAME	S72817 TRENDS G.P., INC.		STREET ADDRESS		
STREET ADDRESS	1	16	GHY-ST-ZIP		
DOCUMENT #			STREET ADDRESS	U000	00157448 4-80027-001 526,25
name Street address City-SI-Zip			CITY-ST-ZIP	<u> </u>	<u>4-80027-001 526,25</u>
DOCUMENT #			STREET ADDRESS		
STREET ADORESS City-ST-ZIP			CATY - ST - 7IP		
DOCUMENT #			STREET ADDRESS	<del></del>	
STREET ADDRESS CITY ST 71P			CITY-SI-2IP		
DOCUMENT #			STREET ADDRESS		
STREET ADORESS City-St-Zip			CITY-SI-ZIP		
DOCUMENT # NAME			STREET ADDRESS		
STREET ADDRESS T City-St-Zip		$\triangle$	CITY-S1-ZIP		
14. Thereby of indicated the received	certify that the information supplied to on this report is true and addurate a ver or trustee empowered to execute	with this filing does not au and that my signature sha this report as required by	ialify for the exemption stated in Il have the same legal effect as y Chapter 620. Florida Statutes	Section 119 07(3)(i), Florida Statutes of made under oath, that I am a General	I further certify that the information ral Partner of the limited partnership of
SIGNAT	TURE: \	<b>M</b>		04/48/04 30	N= 777-4227
O: 01171	SIGNATURE AND TYPE	OR PRINTED NAME OF SIGNING	G GENERAL PARTNER	Date	Day'ima Phone #