


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

<b>DOCUMENT # A32924</b>	
1. Entity Name <b>MINORCA HOLDINGS, LTD.</b>	

-FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 12 PM 12:39

Principal Place of Business <b>5241 S.W. WINDWARD WAY PALM CITY FL 34990</b>	Mailing Address <b>5241 S.W. WINDWARD WAY PALM CITY FL 34990</b>
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MOORE CR2E003 (11/03)

2. Principal Place of Business <b>1608 SE Shelburnie way</b> Suite, Apt. #, etc.	3. Mailing Address <b>1608 SE Shelburnie way</b> Suite, Apt. #, etc.
City & State <b>Port St. Lucie, FL</b>	City & State <b>Port St. Lucie, FL</b>
Zip <b>34952</b> Country <b>USA</b>	Zip <b>34952</b> Country <b>USA</b>

4. FEI Number <b>65-0328112</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>KRAMER, ROBERT M. KRAMER &amp; ZUCKERMAN, P.A. 4000 HOLLYWOOD BLVD., SUITE 485 SO. HOLLYWOOD FL 33021</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$9,900.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>WARSAGER, JACK 5241 S.W. WINDWARD WAY PALM CITY FL 34990</b>
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>1608 SE Shelburnie Way</b>
CITY-ST-ZIP	<b>Port St. Lucie, FL 34952</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>300031853003</b>
CITY-ST-ZIP	<b>04/06/04--01006--020 **158.05</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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

<b>SIGNATURE:</b> 	Date <b>3/10/04</b>	Daytime Phone # <b>772-337-4117</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		

STAPLE CHECK HERE