2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Jan 09, 2004 08:00 AM Secretary of State

		рие ву мау 1, 2004					Carrada a C CA a A a		
	DOCUMENT # A33096 1. Entity Name NILODAMO, LTD.					Secretary of State			
f	Principal Place of Business Mailing Address				<u> </u>				
		6th avenue	1680 N.W. 96TH A	1680 N.W. 96TH AVENUE MIAMI, FL 33172					
-	2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
	Suite, Apt	#, etc.	Suite, Apt. #, etc.			01062004 Chg-LP CR25003 (10/03)			
	City & State		City & State			4. FEI Numbe 65-0459		Applied For Not Applicable	
	Zip	Country	Zip	Cour	itry		of Status Desired	\$8.75 Additional Fee Required	
Ţ	6. Name and Address of Current Registered Agent				7. Name and	Address of New F	Registered Agent		
	1000TA	44480 1			Name				
	ACOSTA, AMADO J 1680 N.W. 96TH AVENUE MIAMI, FL 33172				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 Signature, typed or printed name of registered agent and title if applicable.								
	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 REGISTE NOTE: General Partners MAY NOT be changed on the form; an amendment i								
t	12. GENERAL PARTNER INFORMATION 13.				.,			ANGES ONLY	
•	BOCUMENT # V45376 HAME JULIL, INC.			STR	EET ADDRESS				
,	STREET ADDRESS CATY ST - ZIP	1680 N.W. 98TH AVE. MIAMI, FL	er		-ST-ZIP				
	DOCUMENT / NAME			STR	ET ADDRESS	<u> </u>			
-	STREET ADDRESS CHTY-ST-ZIP	-20P		CHTY	-ST-ZIP	01/12/04-80012-001 150.00			
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S	STREET ADDRESS CITY-SI-ZIP			CITY	'-S1-ZIP				
	14. I hereby certify that the information supplied with this filling 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 path; that I am a General Partner of the limited partnership of the receiver or trustee empowered to execute this report as required by Chapter 620, Fonda Statutes.								