

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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FILED
 TALLAHASSEE FLORIDA


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TALLAHASSEE FLORIDA

MJH

DOCUMENT # A9400000252

1. Entity Name
 VIZCAYA HOUSING, LTD.



Principal Place of Business
 168 HIALEAH DRIVE
 MIAMI, FL 33101-0

Mailing Address
 168 HIALEAH DRIVE
 MIAMI, FL 33101-0

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

04212004 Chg-LP CR2E003 (10/03) 711



6. Name and Address of Current Registered Agent

SWEETZ, LEWIS
 5709 NW 158 ST
 BLDG 46
 MIAMI LAKES, FL 33014

4. FEI Number
 65-0478156

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$7,500.00**

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	
DOCUMENT #	P94000015788
NAME	VIZCAYA AFFORDABLE CORP.
STREET ADDRESS	5709 N.W. 158TH ST.
CITY-ST-ZIP	MIAMI LAKES, FL 33814
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
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CITY-ST-ZIP	

500039745625
 07/06/04 01031 025 **535.00

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STAPLE CHECK HERE

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: _____ DATE: 7/30/04 DAYTIME PHONE #: 305-821-0330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER