2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED May 06, 2004 08:00 AM Secretary of State

Country Zip Country S. Continue S.	f. Entity Name	MENT # A9400000 TORES LTD.	1550				S	ecreta	ıry of Sta
Suite, Apt. #, etc. City & State Country Zp Country Zp Country Zp Country Zp Country Sp. Conditions of Status Desired \$1. Name and Address of New Registered Agent Nome MARTINI, MICHAEL C. P.A. SBOVILLAGE BLVD. SUITE #335 WEST PALM BEACH, FL 33409 City FL Zip Code Situat Address (P.O. Box Number is Not Accoptable) City FL Zip Code Situat Address (P.O. Box Number is Not Accoptable) City FL Zip Code Situat Address (P.O. Box Number is Not Accoptable) DATE Situat Address (P.O. Box Number is Not Accoptable) DATE Demands the obligations of registered agent, or both, in the State of Flonds. I am familiar with, and accoptable of registered agent, or both, in the State of Flonds. I am familiar with, and accoptable of registered agent, or both, in the State of Flonds. I am familiar with, and accoptable of registered agent, or both, in the State of Flonds. I am familiar with, and accoptable of registered agent, or both, in the State of Flonds. I am familiar with, and accoptable of registered agent, or both, in the State of Flonds. I am familiar with, and accoptable of registered agent. DATE A CENIERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS DEFICE. NOTE: General Partiners MAY NOTE be changed on the forms, an amendment must be filled to change a general partiner. Zigental Partiners MAY NOTE be changed on the forms, an amendment must be filled to change a general partiner. Signat Address OUT ST 2P SIGNAL AGENERAL PARTINER THAT IS A BUSINESS SIGNAL PARTINER THAT IS A BUSINESS OUT ST 2P SIGNAL AGENERAL PARTINER THAT IS A BUSINESS OUT ST 2P SIGNAL AGENERAL PARTINER THAT IS A ST 2P SIGNAL AGENERAL PARTINER THA	560 VILLAGE	BLVD., SUITE #335	560 VILLAGE BLVD.						
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The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accide obligations of registered agent. IGNATURE Capital Contributions \$133,650.00 10. Amount of Capital Contributions in FLORIDA to date.	60 VILLA	GE BLVD., SUITE #335				P.O Box Number	is Not Acceptable	e)	
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1. 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 partnersh the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes	indicated the receiv	or this report is true and accurate an or this report is true and accurate an ver or trustee empowered to execute	nd that my signature shall h this report as required by C	nave the sam Chapter 620,	e legal effect as if r Florida Statutes	made under oath;	that I am a Gener	af Partner of t	he limited partnership
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