



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

DOCUMENT # A95000000247			
1. Entity Name LORENZO PROPERTIES, LTD.			
Principal Place of Business 4310 NW 35TH AVENUE MIAMI, FL 33142		Mailing Address 4310 NW 35TH AVENUE MIAMI, FL 33142	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ESQUIRE CORPORATE SERVICES, INC. 780 NW LEJEUNE RD, STE. 324 MIAMI, FL 33126		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$43,458.10		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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000046904	STREET ADDRESS	
NAME	LORENZO PROPERTIES I, INC.	CITY-ST-ZIP	
STREET ADDRESS	4310 NW 35TH AVE.		
CITY-ST-ZIP	MIAMI, FL 33142		
DOCUMENT #		STREET ADDRESS	900037870189
NAME		CITY-ST-ZIP	06/11/04--01029--016 **392.95
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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			
SIGNATURE: 		HUMBERTO LORENZO 4-29-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04292004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0587752 Applied For Not Applicable

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

STAPLE CHECK HERE