


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

FILED
Feb 17, 2004 08:00 AM
Secretary of State

DOCUMENT # A95000000840 1. Entity Name ALVAREZ & ALVAREZ, LTD.					
Principal Place of Business 2810 SAFE HARBOR DR. TAMPA FL 33618-4538			Mailing Address 2810 SAFE HARBOR DR. TAMPA FL 33618-4538		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3320775 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALVAREZ, SERGIO 2810 SAFE HARBOR DR. TAMPA FL 33618-4538			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record.		\$2,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
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 #	NAME		STREET ADDRESS		
NAME	ALVAREZ, SERGIO		CITY-ST-ZIP		
STREET ADDRESS	2810 SAFE HARBOR DR.				
CITY-ST-ZIP	TAMPA FL 33618-4538				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	ALVAREZ, ZENIA		CITY-ST-ZIP		
STREET ADDRESS	2810 SAFE HARBOR DR.				
CITY-ST-ZIP	TAMPA FL 33618-4538				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	ALVAREZ, DENNIS		CITY-ST-ZIP		
STREET ADDRESS	14105 RIVERSTONE DR.				
CITY-ST-ZIP	TAMPA FL 33624				
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			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					
SIGNATURE: <i>Sergio Alvarez</i> <i>Gen. P.T.R</i> <i>2/17/04</i> <i>813-935-7316</i>					



MOORE CR2E003 (11/03)

STAPLE CHECK HERE