

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 FEB 17 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
000027246720
01/20/04 01005 002 **150.00



01132004 Chg-LP CR2E003 (10/03) 2/17

DOCUMENT # A95000000975

1. Entity Name
PHILANN ENTERPRISES, LTD.



Principal Place of Business
**5820 MIAMI LAKES DRIVE
MIAMI LAKES, FL 33014**

Mailing Address
**5820 MIAMI LAKES DRIVE
MIAMI LAKES, FL 33014**

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

**COHEN, LEWIS R.
1399 S.W. FIRST AVE.
4TH FLOOR
MIAMI, FL 33130**

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. **\$341,250.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000031018	STREET ADDRESS	
NAME	PHILANN INVESTMENT CORPORATION	CITY- ST- ZIP	
STREET ADDRESS	5820 MIAMI LAKES DRIVE		
CITY- ST- ZIP	MIAMI LAKES, FL 33014		
DOCUMENT #		STREET ADDRESS	000027246720
NAME		CITY- ST- ZIP	02/24/04--01006--003 **376.25
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STAPLE CHECK HERE

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: **WILLIAM D. COHEN** **1/13/04** **305-556-4601**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #