

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

**FILED
May 14, 2004 08:00 AM
Secretary of State**

DOCUMENT # A95000001431
1. Entity Name
MONTY'S ON THE BEACH, LTD.



Principal Place of Business Mailing Address
SUITE 200 % PAT BROWN
2665 SOUTH BAYSHORE DRIVE 5901 S.W. 74 STREET, SUITE 408
MIAMI FL 33133 MIAMI FL 33143

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. # etc Suite, Apt. #, etc
 City & State City & State

4. FEI Number **65-0608926** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent
O'NAGHTEN, JUAN T
2665 SOUTH BAYSHORE DRIVE
SUITE 200
MIAMI FL 33133

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. **\$750,000.00**
 10. Amount of Capital Contributions in FLORIDA to date. **750,000.00**
 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 #	P95000073178	STREET ADDRESS	
NAME	MONTY'S ON THE BEACH, INC.	CITY-ST-ZIP	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 200		
CITY-ST-ZIP	MIAMI FL 33133		
DOCUMENT #		STREET ADDRESS	1100000160758
NAME		CITY-ST-ZIP	05/18/04-80001-012 535.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: _____ **4/30/04 (305) 858-1431**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #