


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

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

<b>DOCUMENT # A95000001750</b>	
1. Entity Name MONTY'S DOWNSTAIRS, LTD.	

Principal Place of Business 2665 SOUTH BAYSHORE DR. STE. 200 MIAMI, FL	Mailing Address 5901 SW 74 ST. C/O PAT BROWN, STE. 408 MIAMI, FL 33143
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04072004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0619495	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Dec. 4/03	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
O'NAGHTEN, JUAN T 2665 SOUTH BAYSHORE DR. STE. 200 MIAMI, FL	

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 \$375,000.00	10. Amount of Capital Contributions in FLORIDA to date. 375,000.00
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**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 #	P95000088742	STREET ADDRESS	
NAME	MONTY'S DOWNSTAIRS, INC.	CITY- ST- ZIP	
STREET ADDRESS	2665 SOUTH BAYSHORE DR., STE. 1100		
CITY- ST- ZIP	MIAMI, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
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:** \_\_\_\_\_ **4/30/04 (305) 858-1431**