


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # A95000002004	
1. Entity Name RAMLOP FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 9800 S.W. 3RD STREET MIAMI, FL 33174	Mailing Address 9800 S.W. 3RD STREET MIAMI, FL 33174
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2. Principal Place of Business	3. Mailing Address
Suite, Apt # etc	Suite, Apt # etc
City & State	City & State
Zip	Country



04262004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0632504	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RAMLOPEZ FAMILY CORPORATION 9800 S.W. 3RD STREET MIAMI, FL 33174

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. \$180,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 # NAME STREET ADDRESS CITY ST ZIP	P95000078716 RAMLOPEZ FAMILY CORPORATION 9800 SW 3RD STREET MIAMI, FL 33174	STREET ADDRESS	
		CITY ST ZIP	
		STREET ADDRESS	400000158452
		CITY ST ZIP	05/07/04-80022-015 526.25
		STREET ADDRESS	
		CITY ST ZIP	
		STREET ADDRESS	
		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: 	4-28-04	463-381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #

STAPLE CHECK HERE