2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

| DOCUMENT # A9500002016 1. Entity Name CIOETA FAMILY LIMITED PARTNERSHIP | | | | | SECRETARY OF STATE DIVISION OF CORPORATION | |
|---|---|---|--|--|---|--|
| Principal Place 3120 N. 46T HOLLYWOOD, | H AVENUE | Mailing Address 3120 N. 46TH AVENUI HOLLYWOOD, FL 330 | | | 04 MAR 19 PM 3: 19 | |
| 2. Principal Place of Business 4 120 SW 1184 Terrace 3120 SW 1184 Suite, Apt. #, etc. | | | 18th terfac | e 01102004 Chg-LP | 01102004 Chg-LP CR2E003 (10/03) | |
| DAVIE FL | | City & State DAVIE FC | | 4. FEI Number 65-0633308 | Applied For Not Applicable | |
| 333 | 6. Name and Address of Current | ブラ3330 プラ3330 | Country A | Certificate of Status Des Name and Address of | Fee Required | |
| CIOETA, ANTONIO 3120 N. 46TH AVENUE 3120 To 118th Terrace HOLLYWOOD, FL 33021 DAVIE, FC 33330 | | | Name Street Addr | | | |
| | | | City | | FL Zip Code | |
| | named entity submits this statement to lons of registered agent. | r the purpose of changing its | registered office or re | gistered agent, or both, in the State | e of Florida. I am familiar with, and accept | |
| SIGNATURE | Signature, typed or printed name of registered agent | and Mr. Luccionario | | | DAIE | |
| 9. Capital Cor as Shown | ntributions ec and and an | 10. Amount of Cabin in FLORIDA to c | | | DN1- | |
| | NOTE: General Partners MA | Y NOT be changed on t | he form; an amend | | e a general partner. | |
| DOCUMENT # | GENERAL PARTNE | R INFORMATION | 13. STREET ADDRESS | | O H TO A CO | |
| Name Street address | CIOETA, ANTONIO TRUSTEE 3120 N. 46TH AVENUE | | CITY-SI-ZIP | 3120 SW 11 | | |
| CITY-ST-ZIP DECUMENT# | HOLLYWOOD, FL 33021 | | STREET ADDRESS | DAVIE, FL | 33330 | |
| name Street address City-St-Zip | | | CITY-ST-ZIP | • • • • • • • • • • • • • • • • • • • | | |
| DOCUMENT * | | | STREET ADDRESS | 04705/040 | 1037-006 **526.25 | |
| STREET ADDRESS CITY-ST-ZIP | | #. · · · · | CITY ST-ZIP | | | |
| DOCUMENT # | | | STREET ADDRESS | | | |
| STREET ADORESS | | | CITY-ST-ZIP | | | |
| CITY ST-ZIP DOCUMENT # | | | STREET ADDRESS | | | |
| NAME STREET ADDRESS | | | CITY ST-ZIP | | | |
| CITY-ST-ZIP DOCUMENT+ | | | STREET ADDRESS | | | |
| NAME STREET ADDRESS CINE ST-ZIP | | • | CITY-ST-ZIP | | | |
| 14. I hereby | Certify that the information supplied with the on this report is true and accurate and ver or trustee empowered to societie the | n this filing does not qualify to d that my signature shall have lis report as required by Chai | or the exemption stated the same (egal effect) oter 620. Florida Statute | in Section 119.07(3)(i), Florida Sta as it made under oath; that I am a is | atutes. I turther certify that the information General Partner of the limited partnership or | |