


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

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000000338					
1. Entity Name WAIKIKI COLORADO, LTD.					
Principal Place of Business 18425 N.W. 2ND AVENUE MIAMI FL 33169			Mailing Address 18425 N.W. 2ND AVENUE MIAMI FL 33169		
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 A Z REGISTERED AGENT CORPORATION 2601 S. BAYSHORE DRIVE, SUITE 1600 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record.		\$500,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
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 #	P93000057217		STREET ADDRESS		
NAME	WAIKIKI TRUSTS, INC.		CITY-ST-ZIP		
STREET ADDRESS	18425 N.W. 2ND AVENUE ✓				
CITY-ST-ZIP	MIAMI FL 33169				
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MOORE CR2E003 (11/03)

4. FEI Number 65-0660376 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Aracelis M. Nolasco*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/04
Date

Daytime Phone #

STAPLE CHECK HERE