


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000000985					
1. Entity Name NAOMI FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 4600 N.W. 15TH CT. MIAMI, FL 33142-4117			Mailing Address 1098 NE 95TH STREET MIAMI SHORES, FL 33138		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04212004 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-0660008	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ADAMS, NAOMI A 4600 N.W. 15TH CT. MIAMI, FL 33142-4117				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. \$185,503.00			10. Amount of Capital Contributions in FLORIDA to date. \$526.25		
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 #	P96000041844			STREET ADDRESS	
NAME	NAOMI, INC.			CITY - ST - ZIP	
STREET ADDRESS	4600 N.W. 15TH COURT			00000156688 05/06/04-80003-009 526.25	
CITY - ST - ZIP	MIAMI, FL 331424117				
DOCUMENT #				STREET ADDRESS	
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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)(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 <u>Naomi A. Adams - NAOMI A. ADAMS</u>				Date <u>4-22-04</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date Days/Mo/Year</small>	

STAPLE CHECK HERE