

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAY 12 PM 2:26

STATE OF FLORIDA
TALLAHASSEE FLORIDA

DOCUMENT # A96000001198

1. Entity Name
GRAU FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**2665 SOUTH BAYSHORE DRIVE
SUITE 703
MIAMI, FL 33133**

Mailing Address
**2665 SOUTH BAYSHORE DRIVE
SUITE 703
MIAMI, FL 33133**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242004

Chg-LP

CR2E003 (10/03)

5/12

4. FEI Number

98-0161520

Applied for

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WORLD CORPORATE SERVICES, INC.
2665 S. BAYSHORE DR., SUITE #703
MIAMI, FL 33133**

Name

Street Address (P.O. Box Number is Not Acceptable)

**600035750026
05/07/04--01043--002 **1652.50**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$1,600,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

**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

DOCUMENT #	
NAME	GRAU, JUAN
STREET ADDRESS	HUERTA NO. 1, COLONIA LA VIRGEN
CITY-ST-ZIP	ESTADO DE MEXICO, MEXICO,
DOCUMENT #	
NAME	GRAU, ELENA
STREET ADDRESS	HUERTA NO. 1, COLONIA LA VIRGEN
CITY-ST-ZIP	ESTADO DE MEXICO, MEXICO,
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Juan Grau 3/29/04 (305) 858-9900

Date

Daytime Phone #

STAPLE CHECK HERE