

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004


FILED

04 JAN 21 AM 10:08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A96000001429

1. Entity Name
 LAVMOR, LTD.



Principal Place of Business
 1303 N.W. 78 AVE.
 MIAMI, FL 33126

Mailing Address
 338 MINORCA AVENUE
 CORAL GABLES, FL 33134

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



01132004 Chg-LP CR2E003 (10/03)

4. FEI Number
 65-0692533

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	
QUINTANA, J. LUIS ESQ. 338 MINORCA AVENUE CORAL GABLES, FL 33134		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. **\$594,000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000060050	STREET ADDRESS	
NAME	FERN MANAGEMENT CORP.	CITY-ST-ZIP	
STREET ADDRESS	1303 N.W. 78 AVE.		
CITY-ST-ZIP	MIAMI, FL 33126		
DOCUMENT #		STREET ADDRESS	300027309109
NAME		CITY-ST-ZIP	01/21/04--01007--024 #*526.25
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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:  DATE: 1/19/04 DAYTIME PHONE #: (305) 594-1151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #