

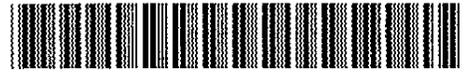
**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

**FILED
Mar 22, 2004 08:00 AM
Secretary of State**

DOCUMENT # A96000002045
1. Entity Name
THE V.M.M. FAMILY LIMITED PARTNERSHIP



Principal Place of Business: 3250 S. DIXIE HIGHWAY MIAMI FL 33133
Mailing Address: 3250 S. DIXIE HIGHWAY MIAMI FL 33133



MOORE CR2E003 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State

4. FEI Number 65-0628398 Applied For Not Applicable

City & State

Zip Country Zip Country

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

ROSENTHAL, VLADIMIR
3250 S. DIXIE HIGHWAY
MIAMI FL 33133

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 \$10.00

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 # P99000074618
NAME MIAMI-DADE HOLDINGS CORPORATION
STREET ADDRESS 80 PALM AVENUE, PALM ISLAND
CITY-ST-ZIP MIAMI BEACH FL 33139

STREET ADDRESS
CITY-ST-ZIP U00000102268 04/05/04 00000 001 141.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 820, Florida Statutes.

STAPLE CHECK HERE

SIGNATURE: *[Signature]* Rosenthal 3/15/04 305-4410304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #