

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

DOCUMENT # A96000002271

1. Entity Name

SOLOMON GALIANO, LTD.



FILED
2004 APR 22 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6320 SW 32 STREET
MIRAMAR FL 33028-5004

Mailing Address

6320 SW 32 STREET
MIRAMAR FL 33023-5004

2. Principal Place of Business

1925 BRICKELL AVE

3. Mailing Address

1925 BRICKELL AVE



MOORE CR2E003 (11/03)

Suite, Apt. #, etc.

TH-14

Suite, Apt. #, etc.

TH-14

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0712561

Applied For

Not Applicable

Zip

33129-1737

Country

USA

Zip

33129-1737

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEISS, HELEN
10300 SUNSET DR., STE. 135
MIAMI FL 33129

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

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

DATE

9. Capital Contributions as Shown on record.

\$371,250.00

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

DOCUMENT # P96000099527
NAME SOLOMON GALIANO, INC.
STREET ADDRESS 10300 SUNSET DR.
CITY-ST-ZIP MIAMI FL 33173

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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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

STREET ADDRESS

CITY-ST-ZIP

800036063268
05/11/04--01071--003 **526.25

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:

H. Weiss HELEN WEISS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/19/04

Date

305-860-1896

Daytime Phone #

STAPLE CHECK HERE