


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Mar 29, 2004 08:00 AM
Secretary of State**

DOCUMENT # A97000000757					
1. Entity Name THE RAMON MIYAR FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 2655 LE JEUNE ROAD, #1015 CORAL GABLES, FL 33134			Mailing Address 2655 LE JEUNE ROAD, #1015 CORAL GABLES, FL 33134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0752671	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GARCIA, EILEEN 2588 SW 27 AVENUE MIAMI, FL 33133-2143				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 fee if applicable.</small>					
9. Capital Contributions as Shown on record. \$372,446.99			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 #	NAME	STREET ADDRESS	CITY-ST-ZIP	000000104563 04/26/04-80811-813-526-25	
MIYAR, RAMON	12042 S.W. 10TH TERRACE	MIAMI, FL 33184			
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP		
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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)(f), 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>Ramon Miyar</u>			Date: <u>03/26/2004</u>		Day/Time Phone #: <u>(305) 303-2320</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Day/Time Phone #</small>



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