

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

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**



MOORE CR2E003 (11/03)

<b>DOCUMENT # A97000000864</b>				1. Entity Name <b>FARREY GROUP, LTD.</b>	
Principal Place of Business C/O F.X. FARREY P.O. BOX 619500 NORTH MIAMI FL 33261-9500			Mailing Address C/O F.X. FARREY P.O. BOX 619500 NORTH MIAMI FL 33261-9500		
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 <b>65-0748107</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DANIELS, NICHOLAS M ESQ. C/O THERREL BAISDEN &amp; MEYER WEISS 1111 LINCOLN ROAD MALL, SUITE 500 MIAMI BEACH FL 33139</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable)  City <b>FL</b>   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. <b>\$2,899,937.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	P97000035028 FXF, INC. 104 EAST SAN MARINO DRIVE MIAMI BEACH FL 33139	STREET ADDRESS CITY-ST-ZIP	03/26/04-80003-016 526.25
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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** JOHN F FARREY   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/12/2004 305-947-5451  
Date Daytime Phone #