


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

**FILED**  
**Mar 04, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # A97000001133		
1. Entity Name JACK AND ILONA AMIGO LIMITED PARTNERSHIP		

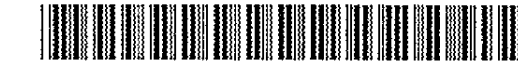
Principal Place of Business 1000 N. HIATUS ROAD #110 PEMBROKE PINES, FL 33026	Mailing Address 1000 N. HIATUS ROAD #110 PEMBROKE PINES, FL 33026
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02232004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0729586	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  KRAVIT, NOLAN C 1000 N. HIATUS ROAD #110 PEMBROKE PINES, FL 33026	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions As Shown on record. \$1,870,092.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	
NAME	FRANK AMIGO, AS TRUSTEE OF THE JACK AMIGO	CITY-ST-ZIP	
STREET ADDRESS	4520 POST AVE,		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	FRANK AMIGO AS TRUSTEE OF THE ILONA AMIGO	CITY-ST-ZIP	
STREET ADDRESS	4520 POST AVE,		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		
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CITY-ST-ZIP			

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03/15/04-80008-004 526.25

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: E.G. Amigo, Successor Trustee of the Jack Amigo Trust DATE: 2-25-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE