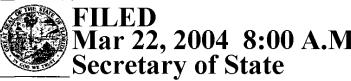
## 2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) **DUE BY MAY 1, 2004** DOCUMENT # A97000001839 1. Entity Name



THE KIB	LER FAMILY LIMITED PARTNI	ERSHIP			Mar 22, 2004 83 Secretary of Sta	SUU A.M. te	
Principal Pla	ce of Business	Mailing Address	<del></del>				
8491 NW 1	8491 NW 17TH STREET, SUITE "L" 849		91 NW 17TH STREET, SUITE "L" AMI FL 33126				
	₹					#1880 (8188	
2. Principal Place of Business		3. Mailing Address					
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			MOORE CR2E003 (11/03)		
City & Sta	ate	City & State		, , , , ,	4. FEI Number 65-0776782	Applied For Not Applicable	
Zip	Country	Zip	Cour	ntry		\$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent			7. Name and Address of New Registered	Agent	
<u> </u>				Name	and the second s		
1 8	LEWIS, HAROLD L 1 BISCAYNE TOWER, SUITE 2400				Street Address (P.O. Box Number is Not Acceptable)		
	2 SOUTH BISCAYNE BLVD MIAMI FL 33131						
	**			City	FL	Zip Code	
	re named entity submits this statement for ations of registered agent.	the purpose of changir	ng its register	ed office or regis	stered agent, or both, in the State of Florida. I am	familiar with, and accept	
SIGNATURE	NATURE Signature, typed or printed name of registered agent and title if applicable.				DATE		
	Contributions an on record.  10. Amount of Capital in FLORIDA to date			butions	11. MAKE CHECK PAYABLE		
	A GENERAL PARTNER TH NOTE: General Partners MAY	IAT IS A BUSINES!  ' NOT be changed	S ENTITY M on the form	lUST BE REG n; an amendm	ISTERED AND ACTIVE WITH THIS OFFICE nent must be filed to change a general part	E. H S 3 S - U	
12.	GENERAL PARTNER	NFORMATION	13.		ADDRESS CHANGES ON	Y	
OOCUMENT #				EET ADDRESS			
NAME STREET ADDRESS	MIAMI FL 33156			<u> </u>	700032191887 -84/88/84 81816 881 **446.25		
City-ST-ZIP			CIN	(-ST-ZIP			
ĐOCUMENT # NAME			STR	EET ADDRESS		, , , , , , , , , , , , , , , , , , , ,	
STREET ADDRESS CITY-ST-ZIP	EET ADDRESS .		CITY	r-ST-ZIP	700032191887 04/08/0401016002 **88,75		
OOCUMENT / NAME			STR	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			cm	r-st-zip			
DOCUMENT #		· · · · · · · · · · · · · · · · · · ·	STR	EET ADDRESS			
STREET ADDRESS	5		CIT	Y-ST-ZIP			
☐ CITY-ST-ZIP ☐ DOCUMENT #*			STR	EET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP	3		сту	/-ST-ZIP			
DOCUMENT AND STREET ADDRESS			STR	EET ADDRESS			
STREET ADDEESS	6		CIT	r-ST-ZIP			
indicate	y certify that the information supplied with to do not his report is true and accurate and to execute this liver or trustee empowered to execute this	hat my signature shall	have the sam	e legal effect as	Section 119.07(3)(i), Florida Statutes. I further ceif made under oath; that I am a General Partner of	rtify that the information f the limited partnership or	