


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

<b>DOCUMENT # A97000002574</b>			
1. Entity Name <b>SIMES FAMILY LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>1460 SHORELINE WAY HOLLYWOOD FL 33019</b>		Mailing Address <b>1460 SHORELINE WAY HOLLYWOOD FL 33019</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
**2004 MAR 16 AM 8:57**

**DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**



**MOORE CR2E003 (11/03)**

4. FEI Number <b>65-0790296</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>WOLFE, RICHARD C ESQ. 400 SE SECOND ST. 5050 BRICKELL AVE MIAMI FL 33131 33131</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>04/01/04-01007-001 **526.25</b> <b>400031587364</b> City <b>04/01/04-01007-001 **526.25</b> <b>FL</b> Zip Code	
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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>\$1,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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 # <b>J08725</b>	NAME <b>M.I.S. CONSULTING &amp; SALES CORP.</b>	STREET ADDRESS	
STREET ADDRESS <b>1460 SHORELINE WAY</b>		CITY-ST-ZIP	
CITY-ST-ZIP <b>HOLLYWOOD FL 33019</b>			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

STAPLE CHECK HERE