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

FILED
Feb 17, 2004 8:00 A.M.
Secretary of State

MOORE CR2E003 (11/03)

DOCUMENT # A97000002668

1. Entity Name

RODRIGUEZ FAMILY INVESTMENT CO., LTD.

Principal Place of Business	Mailing Address
142 PALM AVENUE MIAMI BEACH FL 33139	142 PALM AVENUE MIAMI BEACH FL 33139

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 65-0796159 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUILLERMO RODRIGUEZ , EUGENIO 142 PALM AVENUE MIAMI BEACH FL 33139	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. $3,742,583.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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	EUGENIO GUILLERMO RODRIGUEZ, TRUSTEE	STREET ADDRESS	
STREET ADDRESS	142 PALM AVENUE		
CITY-ST-ZIP	MIAMI BEACH FL 33139	CITY-ST-ZIP	000029794900
DOCUMENT #			03/03/04--01029--020 **535.00
NAME	NORA RODRIGUEZ, TRUSTEE	STREET ADDRESS	
STREET ADDRESS	142 PALM AVENUE		
CITY-ST-ZIP	MIAMI BEACH FL 33139	CITY-ST-ZIP	
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DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	

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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Nora Rodriguez - NORA RODRIGUEZ 01-31-2004 305-534-1715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #