

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


FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Handwritten signature



DOCUMENT # A98000000335				
1. Entity Name THE REMIN FAMILY LIMITED PARTNERSHIP				
Principal Place of Business 9801 COLLINS AVENUE, #9D BAL HARBOUR, FL 33154		Mailing Address 9801 COLLINS AVENUE, #9D BAL HARBOUR, FL 33154		
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 65-0858134
				Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
REMIN, ROSE % THE REMIN CORPORATION 9801 COLLINS AVENUE, #9D BAL HARBOUR, FL 33154			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
9. Capital Contributions as Shown on record. \$500.00		10. Amount of Capital Contributions in FLORIDA to date.		
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 #	P98000005076		STREET ADDRESS	
NAME	REMIN CORPORATION		CITY-ST-ZIP	
STREET ADDRESS	9801 COLLINS AVENUE, #9D			
CITY-ST-ZIP	BAL HARBOUR, FL 33154			
DOCUMENT #			STREET ADDRESS	
NAME			CITY-ST-ZIP	
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NAME			CITY-ST-ZIP	
STREET ADDRESS				
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: <u>Rose Remin General Partner</u>		Date		Daytime Phone #
		<u>3/1/04</u>		

STAPLE CHECK HERE

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