
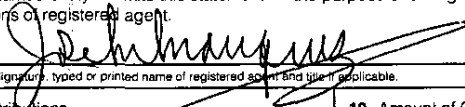
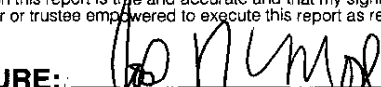


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A98000001095 1. Entity Name LOS LATINOS 2000, LTD.				FILED 04 MAY 18 PM 1:34 SECRETARY OF STATE TALLAHASSEE FLORIDA	
Principal Place of Business 875 N.W. LEJEUNE ROAD MIAMI, FL 33126		Mailing Address 782 NW LEJEUNE ROAD SUITE 548 MIAMI, FL 33126			
2. Principal Place of Business		3. Mailing Address		03302004 Chg-LP CR2E003 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0832329	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired. <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARQUEZ, JOSE M P.A. 782 NW LEJEUNE ROAD, SUITE 548 MIAMI, FL 33126				7. Name and Address of New Registered Agent Name Marquez & Marcelo Robaina, P.A. Street Address Lejeune Center, Suite 548 782 N.W. Lejeune Road City Miami, Florida 33126 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 4/06/04 <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$10,000.00		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 #	P98000039395		STREET ADDRESS		
NAME	MENIPA, INC.		CITY-ST-ZIP		
STREET ADDRESS	3200 PONCE DE LEON BLVD., 2ND FLOOR				
CITY-ST-ZIP	CORAL GABLES, FL 33143				
DOCUMENT #			STREET ADDRESS	100037848801	
NAME			CITY-ST-ZIP	06/10/04-01066-013 **158.75	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
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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: 			DATE 4/06/04 (305) 447-1160		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone</small>		

STAPLE CHECK HERE