
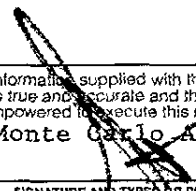


**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004**

**FILED  
Apr 01, 2004 08:00 AM  
Secretary of State**

|   |                                    |     |  |  |                        |
|---|------------------------------------|-----|--|--|------------------------|
| DOCUMENT # A98000001109   |                                    |     |  |         |                        |
| 1. Entity Name<br>MONTE CARLO ASSOCIATES, LTD.  |                                    |     |  |  |                        |
| Principal Place of Business<br>1632 PENNSYLVANIA AVE.<br>MIAMI BEACH, FL 33139  |                                    |     | Mailing Address<br>1632 PENNSYLVANIA AVE.<br>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<br>65-0847165  |                        |
|   |                                    |     |  | Applied For<br><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                        |  |                        |
| CRAIG ROBINS,<br>1632 PENNSYLVANIA AVE.<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |                                    |     |  |  |                        |
| 9. Capital Contributions as Shown on record. \$1,000.00   |                                    |     | 10. Amount of Capital Contributions in FLORIDA to date.            |  |                        |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.<br/>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                                    |     |  |  |                        |
| 12. GENERAL PARTNER INFORMATION   |                                    |     | 13. ADDRESS CHANGES ONLY   |  |                        |
| DOCUMENT #  | P98000038771                       |     | STREET ADDRESS   |  |                        |
| NAME  | DACRA MONTE CARLO ASSOCIATES, INC. |     | CITY - ST - ZIP  |  |                        |
| STREET ADDRESS  | 1632 PENNSYLVANIA AVE.             |     |  | 000000104625<br>04/06/04-80013-022 141.25  |                        |
| CITY - ST - ZIP   | MIAMI BEACH, FL 33139              |     |  |  |                        |
| DOCUMENT #  |                                    |     | STREET ADDRESS   |  |                        |
| NAME  |                                    |     | CITY - ST - ZIP  |  |                        |
| STREET ADDRESS  |                                    |     |  |  |                        |
| CITY - ST - ZIP   |                                    |     |  |  |                        |
| DOCUMENT #  |                                    |     | STREET ADDRESS   |  |                        |
| NAME  |                                    |     | CITY - ST - ZIP  |  |                        |
| STREET ADDRESS  |                                    |     |  |  |                        |
| CITY - ST - ZIP   |                                    |     |  |  |                        |
| DOCUMENT #  |                                    |     | STREET ADDRESS   |  |                        |
| NAME  |                                    |     | CITY - ST - ZIP  |  |                        |
| STREET ADDRESS  |                                    |     |  |  |                        |
| CITY - ST - ZIP   |                                    |     |  |  |                        |
| DOCUMENT #  |                                    |     | STREET ADDRESS   |  |                        |
| 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)(f), 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 |                                    |     |  |  |                        |
| Monte Carlo Associates, Inc./General Partners   |                                    |     |  |  |                        |
| SIGNATURE:   |                                    |     | Vice President   |  | 2/13/04 (305) 531-8700 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  |                                    |     | Date   | Daytime Phone #  |                        |



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STAPLE CHECK HERE