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

## Apr 23, 2004 08:00 AM Secretary of State **DOCUMENT # A98000001257** 1. Entity Name LARA DESIGN ROW, LTD. Principal Place of Business Mailing Address 2900 UNIVERSITY DRIVE 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apr. #, etc. Suite, Apt. #, etc. 01162004 CR2E003 (10/03) Chg-LP City & State City & State Applied For 4. FEI Number 65-0856008 Not Applicable Zło Country Zip Country \$8.75 Additional 5. Certificate of Status Desired **Z** Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent INTRA REALTY, INC. Street Address (P.O. Box Number is Not Acceptable) 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 City 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 Signature, typed or printed name of registered again and title if opplicable. DATE 19. Amount of Capital Contributions 9. Capital Contributions \$7,500,00 as Shown on record. 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 # 636619 STREET ADORESS NAME INTRA REALTY, INC. STREET ADDRESS 2900 UNIVERSITY DRIVE CITY-ST-ZIP CATY-ST-ZIP CORAL SPRINGS, FL 33065 DOCUMENT # STREET ADDRESS MAME <del>U000001:1507</del>1 STREET ADDRESS CITY-ST-ZIP 05/03/04-80007-022 150.00 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CSTY-\$7-Z3P CITY-ST-ZIP DOCUMENT # STREET AGORESS STREET ADDRESS City-St-7/P CITY-ST-ZIP STREET ADDRESS NAME STREET ADDRESS City-St-Zip CITY-ST-ZIP I hereby certify that the information supplied with this filling 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

George Rahael President

4/16/04

<u>954-753-9500</u>

Inc.

D OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

FILED