

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A98000001304

1. Entity Name
MIAMI ONE INDUSTRIAL, LTD.



Principal Place of Business
**6601 N.W. 14TH STREET, SUITE ONE
 PLANTATION, FL 33313**

Mailing Address
**5009 N. HIATUS ROAD
 SUNRISE, FL 33351-7904**

FILED

04 JAN 21 AM 9:11

**SECRETARY OF STATE
 TALLAHASSEE FLORIDA**

11/21



01082004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business
5009 N Hiatus Rd

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Sunrise FL 33351

City & State

4. FEI Number
65-0838974

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**COOPERMAN, STEVEN J
 6601 N.W. 14TH STREET, SUITE ONE
 PLANTATION, FL 33313**

7. Name and Address of New Registered Agent

Name **Cooperman Steven J**

Street Address (P.O. Box Number is Not Acceptable)

5009 N Hiatus Rd

City **Sunrise** FL **33351**

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]**

Signature typed or printed name of registered agent and title if applicable.

1/12/04

DATE

9. Capital Contributions as Shown on record. **\$1,000.00**

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

DOCUMENT # **P98000046792**
 NAME **SAREO CORPORATION**
 STREET ADDRESS **6601 N.W. 14TH STREET, SUITE ONE**
 CITY - ST - ZIP **PLANTATION, FL 33313**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **5009 N Hiatus Rd**
 CITY - ST - ZIP **Sunrise FL 33351**

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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: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/12/04

DATE

9545727410

Daytime Phone #

STAPLE CHECK HERE