


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

**FILED
Apr 20, 2004 08:00 AM
Secretary of State**

DOCUMENT # A98000001468
1. Entity Name
THE LLANES FAMILY LIMITED PARTNERSHIP



Principal Place of Business: **9845 S.W. 40 ST. MIAMI, FL 33165**
Mailing Address: **9845 S.W. 40 ST. MIAMI, FL 33165**

2. Principal Place of Business: State Apt # str. City & State Zip Country
3. Mailing Address: State Apt # str. City & State Zip Country



04072004 Chg-LP CR2E003 (10/03)

4. FEI Number: **65-0988310**
Applied For: Not Applicable

5. Certificate of Status Required: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**LLANES, FRANKLYN A
9845 S.W. 40 ST.
MIAMI, FL 33165**

7. Name and Address of New Registered Agent
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: _____

9. Capital Contributions as Shown on record: **\$342,000.00**
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 #	LLANES, FRANKLIN A	STREET ADDRESS	000000135652 04/29/04 80001 006 526-25
NAME	11880 SW 40TH ST., #316	CITY-ST-ZIP	
STREET ADDRESS	MIAMI, FL 33175	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1907(2)(b), 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 by me, a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 629, Florida Statutes.

SIGNATURE: Franklin Llanes **4-15-04** 305 229-1660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FRANKLIN LLANES