## 2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

STAPLE CHECK HERE

SIGNATURE:

DOCUMENT # A98000001631					jari.			1	
AJK FOX			04 MA	/ 18 PM 1	: 35				
Principal Place of Business Mailing Address								na 11.A	
11377 SW 84TH STREET, APT. 524 11377 SW 84TH STREET, MIAMI FL 33173 MIAMI FL 33173					TALLA	hatize fl	URIDA	MJA.	
					11111111				
2. Principal P SHOLO Suite, Apt.	13Place								
				OORE (	R2E003 (11/03				
City & State  Wigner, Fb  City & State  Wigner, Fb			<u> </u>		4. FEI Number	65-0850494		Applied For Not Applicable	
331	13 USA	33173	Country		5. Certificate of	<u> </u>	Fee Re	Additional quired	
6. Name and Address of Current Registered Agent  Name					7. Name and A	ddress of New Re	gistered Agent		
FEUERMAN, JONATHAN ESQ. C/O THERREL BAISDEN, P.A.				Street Address (P.O. Box Number is Not Acceptable)					
ONE									
MIAMI FL 33131			City FL Zip Code					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 agent and title if applicable.  DATE									
9. Capital Contributions \$1 699 653 04 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE									
as Shown on record.  In FLORIDA to date \$1,090,053.04 SEE REVERSE SIDE FOR FEE INFORMATION SEE REVERSE SEE REVERSE SIDE FOR FEE INFORMATION SEE REVERSE SEE REVERSE SIDE FOR FEE INFORMATION SEE REVERSE SEE REVERSE SEE REVERSE SEE REVE									
12.	13. ADDRESS CHANGES ONLY								
DOCUMENT #	P98000058969	STREET ADDRESS	OH	115	1 2 11 -	01			
NAME STREET ADDRESS	KRISTI INVESTMENT GROUP, INC. 11377 SW 84TH STREET, APT. 524		0,4	<del>ر مام.</del>	M 112	TIOCH	ئ		
CITY-ST-ZIP	MIAMI FL 33173	CITY-ST-ZIP	$M_1$	ima	FL3	3172	,		
DOCUMENT # NAME		STREET ADDRESS	·		<del>}</del>	) — I — —			
STREET ADDRESS CITY-ST-ZIP	,	CITY-;ST-ZIP	TY-ST-ZIP						
DOCUMENT #		ATDEEX 1000000	- <b>700037852877</b> 06/10/0401082031 ***526.25				<b>6.</b> 25		
NAME	·	STREET ADDRESS	JUHESS						
STREET ADDRESS CITY- ST- ZIP		and the second s	CITY-ST-ZIP				** <del>**********************************</del>	· · · · · ·	
DOCUMENT # NAME			STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP						
DOCUMENT /			STREET ADDRESS				-		
NAME STREET ADDRESS		700							
CITY-ST-ZIP			CITY-ST-ZIP						
DOCUMENT / NAME &	:		STREET ADDRESS						
STREET ADORESS CITY-ST-ZIP			CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·				
14. Thereby 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 AND YPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/04 305-596-605/