

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

04 JUN 17 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAJ 16 1

DOCUMENT # A98000001874

1. Entity Name
BLUE WAVES OF DADE COUNTY, LTD.



Principal Place of Business
1221 N.W. 165TH STREET
MIAMI, FL 33169-6

Mailing Address
1221 N.W. 165TH STREET
MIAMI, FL 33169-6

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06082004

Chg-LP

CR2E003 (10/03)

6/17

City & State

City & State

4. FEI Number

65-0876663

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVI, RAIMUNDO
224 CATALONIA AVE.
CORAL GABLES, FL 33134

Name

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

600038769136

07/06/04--01057--008 **526.25

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

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

DATE

9. Capital Contributions
as Shown on record.

\$250,000.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
QUINTERO, NORMA A
1221 N.W. 165TH STREET
MIAMI, FL 33169

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
QUINTERO, LUIS A
1221 N.W. 165TH STREET
MIAMI, FL 33169

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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:

Luis A. Quintero

June 14, 2004 (305)591-3565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE