
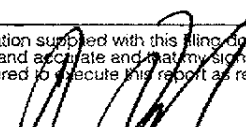
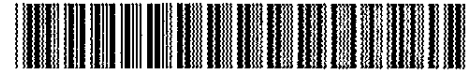


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

|   |                                     |   |         |
|---|-------------------------------------|---|---------|
| <b>DOCUMENT # A99000000527</b>  |                                     |      |         |
| 1. Entity Name<br><b>FAITH GROUP, LTD.</b>  |                                     |   |         |
| Principal Place of Business<br><b>6701 NW 7 STREET, SUITE #190<br/>MIAMI FL 33126</b>   |                                     | Mailing Address<br><b>P.O. BOX 523070<br/>MIAMI FL 33152</b>                          |         |
| 2. Principal Place of Business  |                                     | 3. Mailing Address  |         |
| Suite, Apt. #, etc  |                                     | Suite, Apt. #, etc  |         |
| City & State  |                                     | City & State  |         |
| Zip   | Country                             | Zip   | Country |
|   |                                     | 4. FEI Number <b>65-0912338</b>   |         |
|   |                                     | Applied For<br>Not Applicable   |         |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                     | \$8.75 Additional Fee Required  |         |
| 6. Name and Address of Current Registered Agent   |                                     | 7. Name and Address of New Registered Agent   |         |
| <b>FAITH, ROBERTO<br/>6701 NW 7 STREET, SUITE #190<br/>MIAMI FL 33126</b>   |                                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |                                     |   |         |
| 9. Capital Contributions as Shown on record. <b>\$8,350,000.00</b>  |                                     | 10. Amount of Capital Contributions in FLORIDA to date.                               |         |
| 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE<br>SEE REVERSE SIDE FOR FEE INFORMATION  |                                     |   |         |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                                     |   |         |
| 12. GENERAL PARTNER INFORMATION   |                                     | 13. ADDRESS CHANGES ONLY  |         |
| DOCUMENT #  | <b>L99000001819</b>                 | STREET ADDRESS  |         |
| NAME  | <b>FAITH AT 97TH AVENUE, L.L.C.</b> | CITY-ST-ZIP   |         |
| STREET ADDRESS  | <b>6701 NW 7 STREET, #190</b>       |   |         |
| CITY-ST-ZIP   | <b>MIAMI FL 33126</b>               |   |         |
| DOCUMENT #  |                                     | STREET ADDRESS  |         |
| NAME  |                                     | CITY-ST-ZIP   |         |
| STREET ADDRESS  |                                     |   |         |
| CITY-ST-ZIP   |                                     |   |         |
| DOCUMENT #  |                                     | STREET ADDRESS  |         |
| NAME  |                                     | CITY-ST-ZIP   |         |
| STREET ADDRESS  |                                     |   |         |
| CITY-ST-ZIP   |                                     |   |         |
| DOCUMENT #  |                                     | STREET ADDRESS  |         |
| NAME  |                                     | CITY-ST-ZIP   |         |
| STREET ADDRESS  |                                     |   |         |
| CITY-ST-ZIP   |                                     |   |         |
| DOCUMENT #  |                                     | STREET ADDRESS  |         |
| NAME  |                                     | 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:   |                                     | 02/26/04 (305) 265-5400   |         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  |                                     | Date  |         |



MOORE CR2E003 (11/03)

65-0912338

Applied For  
Not Applicable

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

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

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

DATE

9. Capital Contributions as Shown on record.

\$8,350,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # **L99000001819**  
NAME **FAITH AT 97TH AVENUE, L.L.C.**  
STREET ADDRESS **6701 NW 7 STREET, #190**  
CITY-ST-ZIP **MIAMI FL 33126**

STREET ADDRESS

CITY-ST-ZIP

000000102207  
04/05/04-30005-017 526.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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:

02/26/04

(305) 265-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Signature Print name

STAPLE CHECK HERE