

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000000817

1. Entity Name
THE MIDA LIMITED PARTNERSHIP



Principal Place of Business C/O JONATHAN H. GREEN & ASSOCIATES, P.A. 799 BRICKELL PLACE, SUITE 700 MIAMI, FL 33131	Mailing Address C/O JONATHAN H. GREEN & ASSOCIATES, P.A. 799 BRICKELL PLACE, SUITE 700 MIAMI, FL 33131
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03232004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0922708		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent JONATHAN H. GREEN & ASSOCIATES, P.A. 799 BRICKELL PLACE, SUITE 700 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature: typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$5,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$ 275,000	" \$ 526.25
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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	CAIRO, GASTON 799 BRICKELL PLAZA, SUITE 700 MIAMI, FL 33131	STREET ADDRESS CITY-ST-ZIP	U00000114863 04/16/04 60001 007 526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CAIRO, MARTHA L 799 BRICKELL PLAZA, SUITE 700 MIAMI, FL 33131	STREET ADDRESS CITY-ST-ZIP	
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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 _____ Date _____ Daytime Phone # _____

STAPLE CHECK HERE