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2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

DOCUI 1. Entity Nam IMAGIK 6			FILED				
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Principal Place of Business 6043 NW 167TH STREET, #A23/24 MIAMI, FL 33015 Mailing Address 6043 NW 167TH STREET MIAMI, FL 33015			EET, #A23/24			TARY OF STATE	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04202004 Chg-LP	CR2E003 (10/03)	
City & State		City & State			4. FEI Number 65-0931455	Applied For Not Applicable	
Zip Country		Zip Country			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	== 6. Name and Address of Curr	ent Registered Agent ———			=7.=Name and Address of New	Registered Agent	
SCHAMY, GEORGE 8011 NW 166 ST MIAMI, FL 33016			Name Street A	Name Street Address (P.O. Box Number is Not Acceptable)			
; 1			City			FL Zip Code	
8. The above the obligat SIGNATURE	named entity, submits this statementions of registered agent. Signature, typed or printed name of registered a		is registered office o		red agent, or both, in the State of	Florida. I am familiar with, and accept	
9. Capital Co as Shown		10. Amount of Cap in FLORIDA to		 i			
	A GENERAL PARTNE NOTE: General Partners	R THAT IS A BUSINESS E MAY NOT be changed on	NTITY MUST BE the form; an am	REGIS	TERED AND ACTIVE WITH T	HIS OFFICE. general partner.	
12.		NER INFORMATION	13.			HANGES ONLY	
DOCUMENT # P99000059154 NAME IMAGIK MANAGEMENT CORP.			STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	6043 NW 167TH STREET, #A		CITY-ST-ZIP				
NAME STREET ADDRESS			STREET ADDRESS		10003 08/19/04-01 6	7843101 913-908 **438.75 -	
CITY-ST-ZIP			CITY-ST-ZIP	-			
NAME STREET ADDRESS			STREET ADDRESS				
DOCUMENT #		1888 Add 8887	STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
DOCUMENT #	l		STREET ADDRESS		-		
STREET ADDRESS CITY+ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP		•	·*************************************	
NAME , STREET ADDRESS		7.80 × 9. 15. 0 €	STREET ADDRESS				
CITY-ST-ZIP	certify that the information supplied	with this filing does not qualify f	CITY-ST-ZIP	ted in Se	ection 119.07(3)(i) Florida Statute	s. I further certify that the information	
indicated	d on this report is true and accurate ver or trustee empowered to execut	and that my signature shall have	e the same legal efforter 620, Florida Sta	ect as if natutes	nade under oath; that I am a Gene	eral Partner of the limited partnership of	
CIGITAL	SIGNATURE AND TYPE			1 F			