

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000001209

1. Entity Name
VICTORIA PROPERTY HOLDINGS LTD.



Principal Place of Business
**9000 S.W. 152ND STREET, SUITE 106
 MIAMI, FL 33157**

Mailing Address
**9000 S.W. 152ND STREET, SUITE 106
 MIAMI, FL 33157**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01192004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0943172

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**KUBIT, DONALD E
 100 S.E. 2ND STREET, 17TH FLOOR
 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

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. **\$6,220,000.00**

10. Amount of Capital Contributions in FLORIDA to date **\$6,220,000.00**

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 #	L98000003222	STREET ADDRESS	
NAME	JAPPAH MANAGEMENT L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	9000 S.W. 152ND STREET, SUITE 106		
CITY-ST-ZIP	MIAMI, FL 33157		
DOCUMENT #		STREET ADDRESS	000000153224
NAME		CITY-ST-ZIP	05/10/04-80021-006 525.25
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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: **4.30.04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE