
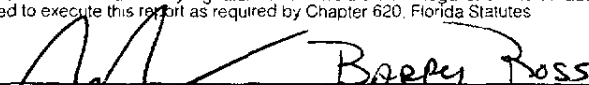


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000001302</b>					
1. Entity Name <b>ROHO FLAMINGO, LTD.</b>					
Principal Place of Business <b>3325 S. UNIVERSITY DRIVE, SUITE 210 DAVIE, FL 33328</b>			Mailing Address <b>3325 S. UNIVERSITY DRIVE, SUITE 210 DAVIE, FL 33328</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>65-0939628</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ROSS REALTY INVESTMENTS, INC. 3325 SOUTH UNIVERSITY DRIVE, SECOND FLOOR DAVIE, FL 33328-2020</b>				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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record <b>\$2,000,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <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 #	L02000012839		STREET ADDRESS		
NAME	BETHAL, LLC		CITY - ST - ZIP		
STREET ADDRESS	3325 SOUTH UNIVERSITY DRIVE, #200				
CITY - ST - ZIP	DAVIE, FL 33328				
DOCUMENT #	A94000000645		STREET ADDRESS	U000000158217	
NAME	ROHO DEVELOPMENT, LIMITED			05/07/04-60012-017 526.25	
STREET ADDRESS	3109 STIRLING ROAD, SUITE 200		CITY - ST - ZIP		
CITY - ST - ZIP	FT. LAUDERDALE, FL 33312				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
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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: 			Date: <b>4-29-04</b> Daytime Phone #: <b>954-452-5000</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE