

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

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJM



01082004 Chg-LP CR2E003 (10/03) 1/21

<b>DOCUMENT # A99000001686</b>			
1. Entity Name MIAMI TWO INDUSTRIAL, LTD.			
Principal Place of Business 6601 N.W. 14TH STREET, SUITE ONE PLANTATION, FL 33313		Mailing Address 5009 N. HIATUS ROAD SUNRISE, FL 33351-7904	
2. Principal Place of Business 5009 N Hiatus Rd		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sunrise FL		City & State	
Zip 33351	Country	Zip	Country
6. Name and Address of Current Registered Agent COOPERMAN, STEVEN J 6601 N.W. 14TH STREET, SUITE ONE PLANTATION, FL 33313		7. Name and Address of New Registered Agent Name Cooperman Steven J Street Address (P.O. Box Number is Not Acceptable) 5009 N Hiatus Rd City Sunrise FL 33351	
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 1/12/04 Signature typed or printed name of registered agent and title if applicable.			
9. Capital Contributions as Shown on record. \$1,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
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	
	SARA TOOBIES, INC.	5009 N Hiatus Rd	
STREET ADDRESS	6601 N.W. 14TH STREET, SUITE ONE	CITY - ST - ZIP	Sunrise, FL 33351
CITY - ST - ZIP	PLANTATION, FL 33313		
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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 1/12/04 9545727410 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #			

STAPLE CHECK HERE