



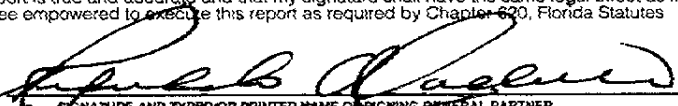
**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED  
Mar 25, 2004 08:00 AM  
Secretary of State**

|   |                      |   |   |  |  |
|---|----------------------|---|---|--|--|
| DOCUMENT # A99000001719<br>1. Entity Name<br>FOUR M GROUP LIMITED PARTNERSHIP   |                      |   |   |                             |  |
| Principal Place of Business<br>2151 N.W. 93RD AVE<br>MIAMI FL 33172   |                      | Mailing Address<br>2151 N.W. 93RD AVE<br>MIAMI FL 33172 |   |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |                      | 3. Mailing Address<br>Suite, Apt. #, etc.               |   | <br>MOORE CR2E003 (11/03) |  |
| City & State  |                      | City & State  |   |  |  |
| Zip   | Country              | Zip   | Country                                   |  |  |
| 6. Name and Address of Current Registered Agent<br><br>BOHATCH, JOHN S<br>2600 DOUGLAS RD, PH-8<br>CORAL GABLES FL 33134  |                      |   |   | 4. FEI Number<br>65-0962309<br>Applied For<br><input type="checkbox"/> Not Applicable                        |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code  |                      |   |   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required          |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |                      |   |   |  |  |
| 9. Capital Contributions as Shown on record. \$1,000,000.00   |                      | 10. Amount of Capital Contributions in FLORIDA to date. |   | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE<br>SEE REVERSE SIDE FOR FEE INFORMATION                         |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><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 #  | P99000087480         | STREET ADDRESS  | 100000102552<br>04/05/04 00020 000 535.00 |  |  |
| NAME  | MADIEDO HOLDINGS INC | CITY-ST-ZIP   |   |  |  |
| STREET ADDRESS  | 2151 SW 93RD AVE     |   |   |  |  |
| CITY-ST-ZIP   | MIAMI FL             |   |   |  |  |
| DOCUMENT #  |                      | STREET ADDRESS  |   |  |  |
| NAME  |                      | CITY-ST-ZIP   |   |  |  |
| STREET ADDRESS  |                      |   |   |  |  |
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| STREET ADDRESS  |                      |   |   |  |  |
| CITY-ST-ZIP   |                      |   |   |  |  |

STAPLE CHECK HERE

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:**  **March 18, 2004**

Signature and typed or printed name of signing general partner Date Daytime Phone #