

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 31 AM 10: 21

DOCUMENT # A99000001719		
1. Entity Name FOUR M GROUP LIMITED PARTNERSHIP		

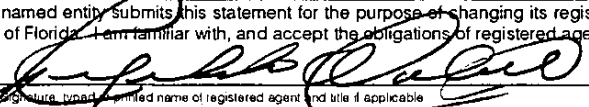
Principal Place of Business 2151 N.W. 93RD AVE MIAMI FL 33172	Mailing Address 2151 N.W. 93RD AVE MIAMI FL 33172
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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	1ST MOORE	CR2E003 (10/04)
	4. FEI Number 65-0962309	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BOHATCH, JOHN S 2600 DOUGLAS RD, PH-8 CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 **01/29/05**

11. FILE NOW!!! Due by May 1, 2005
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. \$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 CITY-ST-ZIP	P99000087480 MADIEDO HOLDINGS INC 2151 SW 93RD AVE MIAMI FL	STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	

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02/11/05--01013--006 **535.00

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: _____ **January 28, 2005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
REYNALDO MADIEDO, PRESIDENT

Date _____ Daytime Phone # _____