

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004


FILED

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SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # A99000001887

1. Entity Name
 CHIOCCA GROUP, LTD.



Principal Place of Business Mailing Address
 3151 S.W. 192 AVE. 3151 S.W. 192 AVE.
 MIRAMAR, FL 33029 MIRAMAR, FL 33029

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01172004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent

FEUERMAN, JONATHAN ESQ.
 C/O THERREL BAISDEN, P.A.
 ONE S.E. 3RD AVE., SUITE 2400
 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. \$6,655,382.00	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 #	P99000099914	STREET ADDRESS	
NAME	ALB-VIN, INC.	CITY-ST-ZIP	
STREET ADDRESS	3151 S.W. 192 AVE.		
CITY-ST-ZIP	MIRAMAR, FL 33029		
DOCUMENT #		STREET ADDRESS	600027900326
NAME		CITY-ST-ZIP	01/29/04--01072--011 **526.25
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NAME		CITY-ST-ZIP	
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: *J. Jerry Chocier, Pres ALB-VIN* 1/29/04 305-377-4229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #