


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000001950			
1. Entity Name TORRES LIMITED PARTNERSHIP, L.L.P.			
Principal Place of Business 8345 SW 174TH TERRACE MIAMI, FL 33157		Mailing Address 8345 SW 174TH TERRACE MIAMI, FL 33157	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TORRES, CARMEN C 8345 SW 174TH TERRACE MIAMI, FL 33157		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. \$1,275,000.00		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 #	P99000096626	STREET ADDRESS	
NAME	TORRES HOLDINGS, INC. ✓	CITY-ST-ZIP	
STREET ADDRESS	8345 SOUTHWEST 173RD TERRACE		
CITY-ST-ZIP	MIAMI, FL 33135		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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U00000082506 03/09/04-80032-020 526.25			
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: <i>Carmen C. Torres</i>		CARMEN C. TORRES	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date: 2/20/04	
		Daytime Phone #	



01082004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0959653 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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