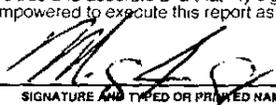


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B0100000268</b>					
1. Entity Name LATIN AMERICAN COMMUNICATIONS PARTNERS-A, LP					
Principal Place of Business 101 EAST KENNEDY BLVD., SUITE 3300 TAMPA, FL 33602			Mailing Address 101 EAST KENNEDY BLVD., SUITE 3300 TAMPA, FL 33602		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. # etc		Suite, Apt # etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-2332568	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JUNG, MING 101 EAST KENNEDY BLVD., SUITE 3300 TAMPA, FL 33602			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record \$75.00		10. Amount of Capital Contributions in FLORIDA to date. 75.00			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <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 #	B0100000268		STREET ADDRESS		
NAME	LATIN AMERICAN INVESTMENT PARTNERS, LP		CITY-ST-ZIP		
STREET ADDRESS	101 EAST KENNEDY BLVD., SUITE 3300				
CITY-ST-ZIP	TAMPA, FL 33602				
DOCUMENT #			STREET ADDRESS	U00000157220	
NAME			CITY-ST-ZIP	05/06/04-80011-017 141.25	
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
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: 		Ming G. Jung		4/26/2004 (813) 226-8544	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #	

STAPLE CHECK HERE