


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

<b>DOCUMENT # B0300000447</b>	
1. Entity Name <b>MIAMI SOUTH MILL DISTRIBUTION, L.P.</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 APR 19 PM 2:12

Principal Place of Business <b>905 SOUTH HARWOOD STREET DALLAS TX 75201</b>	Mailing Address <b>905 SOUTH HARWOOD STREET DALLAS TX 75201</b>
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MOORE CR2E003 (11/03)

2. Principal Place of Business <b>1365 NW 23rd ST</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI FL</b>	City & State
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4. FEI Number <b>20-0409526</b>	Applied For Not Applicable
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Zip <b>33142</b>	Country <b>USA</b>	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 Shown on record.	<b>\$1,960.00</b>
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10. Amount of Capital Contributions in FLORIDA to date.	<b>1960.00</b>
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**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION**

**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.**

GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>F03000006413 THOMAS MUSHROOM DISTRIBUTION, INC. 905 SOUTH HARWOOD STREET DALLAS TX 75201</b>	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>F03000006477 PENNSYLVANIA MUSHROOM DISTRIBUTORS, INC. 649 W. SOUTH STREET KENNETT SQUARE PA 19348</b>	STREET ADDRESS	<b>700035819597 05/10/04--01069--004 **141.25</b>
		CITY-ST-ZIP	
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		CITY-ST-ZIP	
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		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:** Stuart Thomas **STUART THOMAS** 4-14-04 (214) 752-7727  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #