


**FILED**  
**Sep 17, 2004 08:00 AM**  
**Secretary of State**

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

**DOCUMENT # A00000000028**  
 1. Entity Name  
**POSTER BROTHERS, LP**



Principal Place of Business      Mailing Address  
 2514 N.W. 59 STREET      2514 N.W. 59 STREET  
 BOCA RATON, FL 33496      BOCA RATON, FL 33496

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



08202004      Chg-LP      CR2E003 (10/03)

4. FEI Number      Applied For  
 13-4080254      Not Applicable

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

6. Name and Address of Current Registered Agent  
 POSTER, STEVEN  
 2514 N.W. 59 STREET  
 BOCA RATON, FL 33496

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.      \$1,000.00

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 #	POSTER, STEVEN	STREET ADDRESS	
NAME	2514 N.W. 59 STREET	CITY- ST- ZIP	
STREET ADDRESS	BOCA RATON, FL 33496		
CITY- ST- ZIP		STREET ADDRESS	
DOCUMENT #	POSTER, JAY	CITY- ST- ZIP	
NAME	2514 N.W. 59 STREET		
STREET ADDRESS	BOCA RATON, FL 33496		
CITY- ST- ZIP		STREET ADDRESS	
DOCUMENT #		CITY- ST- ZIP	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			

U00000172307  
 09/17/04-80002-014 141.25

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)(c), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature or seal has 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:**    
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Telephone #