


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

**FILED
Feb 15, 2005 08:00 AM
Secretary of State**

DOCUMENT # A00000000028	
1. Entity Name POSTER BROTHERS, LP	

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

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



1ST MOORE CR2E003 (10/04)

4. FEI Number 13-4080254	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 file # applicable

**FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.**

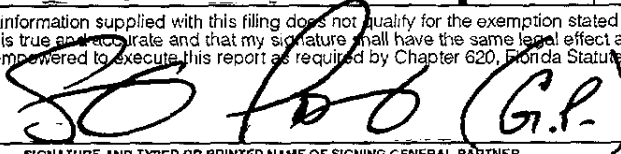
9. Capital Contributions as Shown on record \$1,000.00 **10. Amount of Capital Contributions in FLORIDA to date.**

**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	000000229908 02/15/05-80020-001 141.25
STREET ADDRESS	BOCA RATON FL 33496		
CITY- ST- ZIP			
DOCUMENT #	POSTER, JAY	STREET ADDRESS	
NAME	2514 N.W. 59 STREET	CITY- ST- ZIP	
STREET ADDRESS	BOCA RATON FL 33496		
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			
DOCUMENT #		STREET ADDRESS	
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)(l), 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:  (G.P.) 2/7/05 561.764.3666

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