
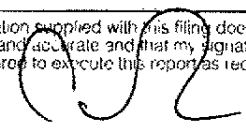


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A0000000152					
1. Entity Name ALAN SIRKIN FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 3500 SOUTH BAYHOMES DRIVE COCONUT GROVE, FL 33133		Mailing Address 3500 SOUTH BAYHOMES DRIVE COCONUT GROVE, FL 33133			
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 65-0973837	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
NELSON, BARRY A ESQ. C/O NELSON & LEVINE, P.A. 2775 SUNNY ISLES BLVD., SUITE 118 NORTH MIAMI BEACH, FL 33160		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 date if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,000,000.00		10. Amount of Capital Contributions in FLORIDA to date			
<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 #	L99000008185	STREET ADDRESS			
NAME	ALAN SIRKIN FAMILY HOLDINGS, LLC	CITY-ST-ZIP			
STREET ADDRESS	3500 SOUTH BAYHOMES DRIVE				
CITY-ST-ZIP	COCONUT GROVE, FL 33133				
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS					
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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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #



01102005 Chg-LP CR2E003 (10/03)

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