


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

DOCUMENT # A0000000570
1. Entity Name
FISHMAN FAMILY LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 14 PM 12:58

Principal Place of Business Mailing Address
1500 SOUTH OCEAN DRIVE, UNIT 306-S 1500 SOUTH OCEAN DRIVE, UNIT 306-S
BOCA RATON FL 33432 BOCA RATON FL 33432



MOORE CR2E003 (11/03)

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 Applied For
65-0996636 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**GLASSER, GENE K
C/O ABRAMS ANTON P.A.
2021 TYLER STREET
HOLLYWOOD FL 33022**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
~~300032517223~~
~~04/13/04 01025-014 **526.25~~
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. \$1,000,000.00 10. Amount of Capital Contributions in FLORIDA to date. 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.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	FISHMAN, CELINA 1500 SOUTH OCEAN DRIVE, UNIT 306-S BOCA RATON FL 33432
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	300032517223 04/13/04--01025--014 **526.25
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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: *Celina Fishman* 4-6-04 521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone # 392-1035