


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

**FILED**  
**May 16, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A00000000570  
1. Entity Name  
FISHMAN FAMILY LTD.



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

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country



04062005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0996636 Applied For 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  
HOLYWOOD, FL 33022

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. \$1,000,000.00 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 #	FISHMAN, CELINA	STREET ADDRESS	
NAME	1500 SOUTH OCEAN DRIVE, UNIT 306-S	CITY-ST-ZIP	
STREET ADDRESS	BOCA RATON, FL 33432		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 4/29/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #