
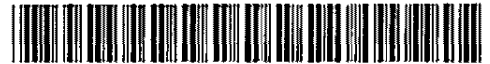


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004**

**FILED
Jun 04, 2004 08:00 AM
Secretary of State**

DOCUMENT # A01000000391							
1. Entity Name SP FAMILY LTD.							
Principal Place of Business 2940 N.W. 188TH STREET, #111 AVENTURA, FL 33180			Mailing Address 2940 N.W. 188TH STREET, #111 AVENTURA, FL 33180				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	05272004 Chg-LP CR2E003 (10/03)			
4. FEI Number 52-2302033				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
COHN, ALAN B ESQ. C/O ABRAMS ANTON P.A. 2021 TYLER STREET HOLLYWOOD, FL 32320			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 title if applicable</small>							
9. Capital Contributions as Shown on record. \$500.00			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 #	P00000075988		STREET ADDRESS				
NAME	AVENTURA REHAB, INC.		CITY-ST-ZIP				
STREET ADDRESS	2940 N.W. 188TH STREET, #111			U00000162409 05/10/04-80003-016 141.25			
CITY-ST-ZIP	AVENTURA, FL 33180						
DOCUMENT #			STREET ADDRESS				
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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: <u>LEE S. BARBACH</u>			Date: <u>5/27/04</u>		Daytime Phone #: <u>305-932-5505</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>							



STAPLE CHECK HERE