


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

**FILED
Apr 07, 2004 08:00 AM
Secretary of State**

| | |
|---|---|
| DOCUMENT # A01000000926 |  |
| 1. Entity Name SHACHNOW INVESTMENTS LIMITED PARTNERSHIP | |

| | |
|--|--|
| Principal Place of Business C/O ENGELBERG & MILGRIM, P.L. 3230 STIRLING RD., SUITE 1 HOLLYWOOD FL 33021 | Mailing Address C/O ENGELBERG & MILGRIM, P.L. 3230 STIRLING RD., SUITE 1 HOLLYWOOD FL 33021 |
|--|--|



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 65-1120786 | Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**ENGELBERG, MORRIS ESQ.
C/O ENGELBERG & MILGRIM, P.L.
3230 STIRLING RD., SUITE 1
HOLLYWOOD FL 33021**

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. | 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 # | P01000068194 |
| NAME | SHACHNOW ENTERPRISES, INC. |
| STREET ADDRESS | 3230 STIRLING ROAD, SUITE 1 |
| CITY-ST-ZIP | HOLLYWOOD FL 33021 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDRESS CHANGES ONLY

| | |
|----------------|---|
| STREET ADDRESS | |
| CITY-ST-ZIP | U00000111E10 04/13/04-90026-010 526.25 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| 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)(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

SHACHNOW INVESTMENTS LIMITED PARTNERSHIP BY: SHACHNOW ENTERPRISES, INC. General Ptr.

SIGNATURE: By: Lisa Czolacz Lisa Czolacz, Pres.