


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

**FILED
Apr 18, 2005 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**

2. Principal Place of Business

Suite, Apt #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



03122005 Chg-LP CR2E003 (10/03)

4. FEI Number **65-1120786** Applied For Not Applicable

5. Certificate of Status Desired \$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.

**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	
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13. ADDRESS CHANGES ONLY

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04/19/05-80010-015 526.25

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: *Lisa Golay* **4-4-05** **201-871-8694**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #