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

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## Apr 13, 2004 08:00 AM Secretary of State DOCUMENT # A02000000670 1. Entity Name THE WEXLER INVESTMENTS LIMITED PARTNERSHIP Mailing Address Principal Place of Business 7880 TALAVERA PLACE DELRAY BEACH FL 33446 7880 TALAVERA PLACE **DELRAY BEACH FL 33446** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc MOORE CR2E003 (11/03) Applied For 4. FEI Number City & State City & State 01-0692393 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WACHS, JEFFREY S ESQ. Street Address (P.O. Box Number is Not Acceptable) 1177 S.E. 3RD AVENUE FT. LAUDERDALE FL 33316 City 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 Signature, typed or printed name of registered agent and kitle it applicable DATE 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$500.00 as Shown on record. in FLORIDA to date. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. DOCUMENT # STREET ADDRESS NAME WEXLER, GREGG R STREET ADDRESS 7880 TALAVERA PLACE CITY-53-78P U00000119659 DELRAY BEACH FL 33446 CRY-ST-7IP <del>04/20/04-00001-011-141.25</del> COCCUMENT # STREET ADORESS WEXLER, LINDA S STREET ADDRESS 7880 TALAVERA PLACE CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33446 DOCKMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CETY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY - ST - 712 **BOCUMENT** STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CETY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 319.07(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

**FILED**