


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 JUN 22 AM 9:28

DOCUMENT # A0200000899

1. Entity Name
EWALD PFEIFER FAMILY LIMITED PARTNERSHIP



SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DNJH

Principal Place of Business Mailing Address
 C/O MELISSA MCGOWAN C/O MELISSA MCGOWAN
 777 SOUTH FLAGLER DRIVE, #140-E 777 SOUTH FLAGLER DRIVE, #140-E
 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03262004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
 06-1639328 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6/22

6. Name and Address of Current Registered Agent

PALADINO, RICHARD ESQUIRE
 ROGERS, BOWERS, DEMPSEY AND PALADINO, P.A.
 505 SOUTH FLAGLER DRIVE, SUITE 1330
 WEST PALM BEACH, FL 33401

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. \$250,000.00 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 #	P02000071638	STREET ADDRESS	
NAME	EWALD PARK PLACE, INC.	CITY-ST-ZIP	
STREET ADDRESS	777 SOUTH FLAGLER DRIVE, #140-E		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
DOCUMENT #		STREET ADDRESS	800038739428
NAME		CITY-ST-ZIP	07/06/04-01029-025 **526.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

PLEASE 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: _____ *[Signature]* _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #