


**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004**

FILED  
2004 APR 22 PM 3: 51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A0300000283</b>					
1. Entity Name PRESS-RAPOPORT FAMILY INVESTMENTS, LTD.					
Principal Place of Business 837 SPINAKE DRIVE EAST HOLLYWOOD, FL 33019			Mailing Address 837 SPINAKE DRIVE EAST HOLLYWOOD, FL 33019		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RAPOPORT, WILLIAM 837 SPINAKE DRIVE EAST HOLLYWOOD, FL 33019				FL	
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. <b>\$7,500.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>- 0 -</b>		
<b>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.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	L0300004791			STREET ADDRESS	
NAME	PRESS-RAPOPORT FAMILY INVESTMENTS, LLC			CITY-ST-ZIP	
STREET ADDRESS	837 SPINAKE DRIVE EAST				
CITY-ST-ZIP	HOLLYWOOD, FL 33019				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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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>William Rapoport</u> <u>William Rapoport</u> <u>4/16/04</u> <u>954-457-1810</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date	Daytime Phone #



04162004 Chg-LP CR2E003 (10/03)

4. FEI Number 593769087 Applied For Not Applicable

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

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