



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

<b>DOCUMENT # A03000001247</b> 1. Entity Name <b>THE FEHLHABER REAL ESTATE FAMILY LIMITED PARTNERSHIP #1</b>			<div style="text-align: center;"> <b>FILED</b>  <b>04 FEB -3 PM 1:19</b>                  SECRETARY OF STATE                  TALLAHASSEE FLORIDA             </div> <div style="text-align: right; margin-top: 20px;">                   MOORE CR2E003 (11/03) 2/3             </div>
Principal Place of Business 2020 W. MCNAB ROAD FT. LAUDERDALE FL 33309		Mailing Address C/O ROBERT F. FEHLHABER 2020 W. MCNAB ROAD FT. LAUDERDALE FL 33309	
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		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FEHLABER, ROBERT F 2020 W. MCNAB ROAD FT. LAUDERDALE FL 33309		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 <i>Juliana Fehlhaber</i> vice President		DATE 1/29/04	
9. Capital Contributions as Shown on record. \$5,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>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 #	NAME	STREET ADDRESS	
	FEHLHABER, ROBERT F		
STREET ADDRESS	2020 W. MCNAB ROAD	CITY-ST-ZIP	
	FT. LAUDERDALE FL 33309		
DOCUMENT #	NAME	STREET ADDRESS	
			100029076801
STREET ADDRESS		CITY-ST-ZIP	02/15/04 01024 026 **141.25
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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: <i>Juliana Fehlhaber</i> V.P.		DATE: 1/29/04 954/971/3821	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <i>Juliana Fehlhaber</i>		Date Daytime Phone #	

STAPLE CHECK HERE