

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 16 PM 4:30

TALLahassee FLORIDA

MJH

DOCUMENT # A03000001329


1. Entity Name
FLEISSLER FAMILY LIMITED PARTNERSHIP



Principal Place of Business 7512 MAHOGANY BEND PLACE BOCA RATON, FL 33434	Mailing Address 7512 MAHOGANY BEND PLACE BOCA RATON, FL 33434
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2. Principal Place of Business 7517 MAHOGANY BEND PLACE Suite, Apt. #, etc.	3. Mailing Address 7517 MAHOGANY BEND PLACE Suite, Apt. #, etc.
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City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33434	Country USA



04092004 Chg-LP CR2E003 (10/03) **4/10**

4. FEI Number 42-1606078	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

FLEISSLER, LORRENCE
7517 MAHOGANY BEND PLACE
BOCA RATON, FL 33434

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
7517 MAHOGANY BEND PLACE

City
BOCA RATON FL Zip Code
33434

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 **04/29/04--01005--008 **526.25**

Signature: typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$50,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P03000099984 FLEISSLER FAMILY CORPORATION 7517 MAHOGANY BEND PLACE BOCA RATON, FL 33434
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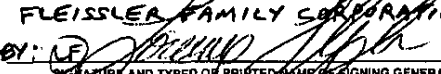
13. ADDRESS CHANGES ONLY

STREET ADDRESS CITY-ST-ZIP	7517 MAHOGANY BEND PLACE BOCA RATON, FL 33434
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STREET ADDRESS CITY-ST-ZIP	
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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

FLEISSLER FAMILY CORPORATION

SIGNATURE: BY:  **LORRENCE FLEISSLER** **4/13/04**

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