

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

DOCUMENT # A03000001780	
1. Entity Name THE FELLER FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 500 NE 3RD AVENUE FORT LAUDERDALE FL 33301	Mailing Address 500 NE 3RD AVENUE FORT LAUDERDALE FL 33301
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
04 MAR 17 AM 8:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA



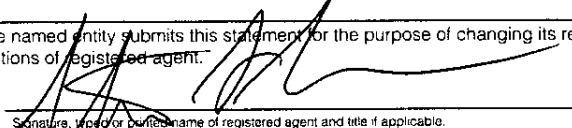
MOORE CR2E003 (11/03)

4. FEI Number 20-0587256	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
FELLER, STEVEN-- 500 NE 3RD AVENUE FORT LAUDERDALE FL 33301	

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.

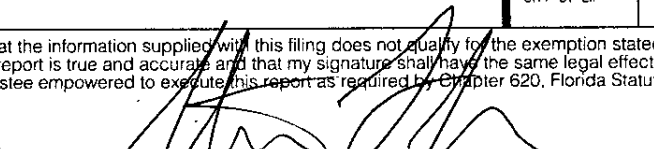
SIGNATURE  DATE _____

9. Capital Contributions as Shown on record. \$0.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	FELLER, STEVEN	CITY-ST-ZIP	500031856055
STREET ADDRESS	500 NE 3RD AVENUE		04/06/04--01014--013 **141.25
CITY-ST-ZIP	FT LAUDERDALE FL 33301		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	FELLER, LOUISE	CITY-ST-ZIP	
STREET ADDRESS	500 NE 3RD AVENUE		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** Date _____ Daytime Phone # _____

STAPLE CHECK HERE