


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 05 MAR -7 AM 9:14

<b>DOCUMENT # A04000000039</b> 1. Entity Name <b>THE SAMOWITZ FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>250 SOUTH ISLAND                  GOLDEN BEACH, FL 33160</b>			Mailing Address <b>250 SOUTH ISLAND                  GOLDEN BEACH, FL 33160</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01242005    Chg-LP    CR2E003 (10/03)	
Zip		Country		4. FEI Number <b>34-1977275</b> Applied For Not Applicable	
6. Name and Address of Current Registered Agent			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
<b>SAMOWITZ, HARVEY                  250 SOUTH ISLAND                  GOLDEN BEACH, FL 33160</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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. <b>\$3,079,254.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>3,079,254.00</b>			
<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		
NAME	<b>SAMOWITZ, HARVEY</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>250 SOUTH ISLAND</b>		CITY-ST-ZIP		
CITY-ST-ZIP	<b>GOLDEN BEACH, FL 33160</b>		CITY-ST-ZIP		
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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>Harvey Samowitz</i>			Date: <b>February 1, 2005</b>		Daytime Phone #: <b>x(305)933-4405</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #

STAPLE CHECK HERE

*AS*



01242005    Chg-LP    CR2E003 (10/03)

4. FEI Number  
**34-1977275**    Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

9. Capital Contributions as Shown on record.    **\$3,079,254.00**

10. Amount of Capital Contributions in FLORIDA to date.    **3,079,254.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
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SIGNATURE: *Harvey Samowitz*    Date: **February 1, 2005**    Daytime Phone #: **x(305)933-4405**

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