



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

FILED
Feb 17, 2004 08:00 AM
Secretary of State

| | | | | | |
|---|--------------------------|---|--|--|--|
| DOCUMENT # A12495 | | | |  | |
| 1. Entity Name FRYD FAMILY ASSOCIATES, LTD. | | | | | |
| Principal Place of Business 523 MICHIGAN AVE. MIAMI BEACH FL 33139 | | | Mailing Address 523 MICHIGAN AVE. MIAMI BEACH FL 33139 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2181258 Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent FRYD, JONATHAN 523 MICHIGAN AVENUE MIAMI BEACH FL 33139 | | | | 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 _____ <small>Signature typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 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 | |
| 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 | FRYD, JONATHAN | | | CITY-ST-ZIP | |
| STREET ADDRESS | 523 MICHIGAN AVENUE | | | | |
| CITY-ST-ZIP | MIAMI BEACH FL | | | | |
| DOCUMENT # | NAME | | | STREET ADDRESS | |
| NAME | FRYD, PAUL | | | CITY-ST-ZIP | |
| STREET ADDRESS | 523 MICHIGAN AVE. | | | | |
| CITY-ST-ZIP | MIAMI BEACH FL | | | | |
| DOCUMENT # | NAME | | | STREET ADDRESS | |
| NAME | FRYD, MICHAEL | | | CITY-ST-ZIP | |
| STREET ADDRESS | 523 MICHIGAN AVE. | | | | |
| CITY-ST-ZIP | MIAMI BEACH FL | | | | |
| DOCUMENT # | NAME | | | STREET ADDRESS | |
| NAME | SCHECHTER, CAROLINE FRYD | | | CITY-ST-ZIP | |
| STREET ADDRESS | 523 MICHIGAN AVE. | | | | |
| CITY-ST-ZIP | MIAMI BEACH FL | | | | |
| DOCUMENT # | NAME | | | STREET ADDRESS | |
| NAME | FRYD, LEE SHARON | | | CITY-ST-ZIP | |
| STREET ADDRESS | 523 MICHIGAN AVE. | | | | |
| CITY-ST-ZIP | MIAMI BEACH FL | | | | |
| DOCUMENT # | NAME | | | STREET ADDRESS | |
| 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:  | | | | 2-12-04 305-673-2948 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | | Date Daytime Phone # | |



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