

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 04 FEB -3 PM 1:19
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # A22509
 1. Entity Name
 L-3, LTD.



Principal Place of Business
 C/O WINDERWEEDLE, HAINES, WARD & WOODMAN
 250 PARK AVE. S. -5TH FLOOR
 WINTER PARK, FL 32789

Mailing Address
 C/O WINDERWEEDLE, HAINES, WARD & WOODMAN
 250 PARK AVE. S. -5TH FLOOR
 WINTER PARK, FL 32789

MSJ



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01202004 Chg-LP CR2E003 (10/03) 2/3

4. FEI Number
 59-2671165

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 RANDOLPH J. RUSH
 250 PARK AVE. S. -5TH FLOOR
 WINTER PARK, FL 32789

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

9. Capital Contributions as Shown on record. **\$330.00**

10. Amount of Capital Contributions in FLORIDA to date. **0**

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	
	LANGBERG, SAMUEL		
STREET ADDRESS	10114 EMPYREAN WAY, #201	CITY-ST-ZIP	Los Angeles, CA 90067-3808
CITY-ST-ZIP	LOS ANGELES, CA		
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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: Samuel Langberg Gen. Partner 1/26/04 (310)576-0408
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
SAMUEL LANGBERG