

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A28997	
1. Entity Name GOLDENBERG ENTERPRISES, LTD.	

Principal Place of Business 7220 S.W. 5TH STREET PLANTATION, FL 33317	Mailing Address 7220 S.W. 5TH STREET PLANTATION, FL 33317
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	
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GOLDENBERG, ALAN 7220 SW 5TH STREET PLANTATION, FL 33317
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01072004 Chg-LP	CR2E003 (10/03)
4. FEI Number 65-0143703	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	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.

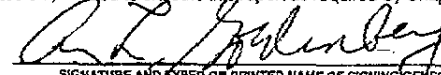
SIGNATURE	DATE
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9. Capital Contributions as Shown on record. \$1,253,155.00	10. Amount of Capital Contributions in FLORIDA to date. 1253155
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED 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 #	GOLDENBERG, ALAN L.	STREET ADDRESS	
NAME	7220 S.W. 5TH STREET	CITY - ST - ZIP	U000000114880
STREET ADDRESS	PLANTATION, FL 33317		04/16/04-80001-024 526.25
CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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)(b), 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: 	ALAN L. GOLDENBERG	4/6/04	954 587-5755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #

STAPLE CHECK HERE