
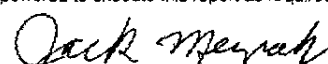


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Aug 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A33477					
1. Entity Name MEZRAH FAMILY ENTERPRISES, LTD.					
Principal Place of Business 5007 SAN MIGUEL TAMPA, FL 33629			Mailing Address 501 E. KENNEDY BLVD. #1700 TAMPA, FL 33602		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-3145583				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MEZRAH, JACK M. 5007 SAN MIGUEL TAMPA, FL 33629				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 fee if applicable</small>					
9. Capital Contributions as Shown on record. \$5,000,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.					
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	
STREET ADDRESS	CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT #	NAME			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)(f), 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: 				8-504 838728376	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	

STAPLE CHECK HERE



07152004 Chg-LP CR2E003 (10/03)

U00000170741
08/23/04-80009-017 526.25