


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 29 AM 10: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000000951 1. Entity Name CHIROPRACTIC ENTERPRISES, LTD.					
Principal Place of Business % DEBRA A. ERICKSON, PA 8819 N. VIRGINIA AVE WEST PALM BEACH, FL 33418			Mailing Address % DEBRA A. ERICKSON, PA 8819 N. VIRGINIA AVE WEST PALM BEACH, FL 33418		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SINGER, MICHAEL S 1201 U.S. HIGHWAY ONE SUITE 240A NORTH PALM BEACH, FL 33408				Name Street Address (P.O. Box Number is Not Acceptable) 3801 PGA Blvd. #604 City <u>Palm Beach Gardens</u> FL Zip Code <u>33410</u>	
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. \$4,690,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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	NEAL B. ROSEN, AS TRUSTEE		CITY - ST - ZIP		
STREET ADDRESS	136 WEST BOYNTON BEACH BLVD.				
CITY - ST - ZIP	BOYNTON BEACH, FL 33435				
DOCUMENT #			STREET ADDRESS		
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CITY - ST - ZIP					



02022004 Chg-LP CR2E003 (10/03)

4. FEI Number **65-0585448** Applied For ☐ Not Applicable

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

3801 PGA Blvd. #604
 City Palm Beach Gardens **FL** Zip Code 33410

988836072579
 05/11/04--01091--002 **526.25

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: Gregg M. Rosen

4-26-04 (561) 734-3551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE