

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

**FILED
Mar 24, 2004 08:00 AM
Secretary of State**

DOCUMENT # A95000001065
1. Entity Name
THE GORI FAMILY LIMITED PARTNERSHIP



Principal Place of Business: **1728 NE 23RD AVE. FT. LAUDERDALE FL 33305**
Mailing Address: **%P.G. INVESTMENTS, INC., GENERAL PART 1728 NE 23RD AVE. FT. LAUDERDALE FL 33305**



MOORE CR2E003 (11/03)

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

4. FEI Number: **65-0593188** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WACHS, JEFFREY S ESQUIRE
1177 SE 3RD AVE.
FT. LAUDERDALE FL 33316**

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: **\$5,000.00**
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

| DOCUMENT # | NAME | STREET ADDRESS | CITY - ST - ZIP |
|--------------|------------------------|-------------------|-------------------------|
| P95000050950 | P.G. INVESTMENTS, INC. | 1728 NE 23RD AVE. | FT. LAUDERDALE FL 33305 |
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13. ADDRESS CHANGES ONLY

| DOCUMENT # | NAME | STREET ADDRESS | CITY - ST - ZIP |
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STAPLE CHECK HERE

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:  **3-9-04 954.973-6888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #