


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # A95000001690 1. Entity Name THE ELINOR FRIEDMAN FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 1858 RINGLING BLVD SARASOTA, FL 34236			Mailing Address P.O. BOX 49348 SARASOTA, FL 34230		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0609906	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CLARKE, ROBERT P 1858 RINGLING BLVD SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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, typed or printed name of registered agent and title if applicable		
9. Capital Contributions as Shown on record. \$2,079,406.00			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	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
	FRIEDMAN, BETSY SUE	9 WILD ROSE HILL	BEARVILLE, NY 12408		
	FRIEDMAN NORTON, AMY G	149 HAVER ROAD	OLIVEBRIDGE, NY 12461		
	FRIEDMAN, NANCY	99 BANK STREET, APT 6H	NEW YORK, NY 10014		
	FRIEDMAN-LYONS, GERI	16 QUAKER BRIDGE ROAD	OSSINING, NY 10562		
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: <i>[Signature]</i>				Date: 3.25.05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone #	

STAPLE CHECK HERE