2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Mar 04, 2004 08:00 AM Secretary of State

DOCUMENT # A9600000050 1. Entity Name THE MARK AND ROBERTA MANDEL FAMILY LIMITED PARTNERSHIP					Secretary of State			
	of Business	· · · · · · · · · · · · · · · · · · ·		-				
3000 ISLAND BOULEVARD, #1702 3000 ISLAND BOULEVAR AVENTURA, FL 33160 AVENTURA, FL 33160				1702				
Principal Place of Business			·					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02132004	Chg-LP	CR2E00	3 (10/03)	
City & State		City & State			4. FEI Number 65-0691	054		Applied For Not Applicable
Zip	Zip Country Zip		Cou	ntry	5. Certificate of	f Status Desired		8.75 Additional se Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
MANDEL, MARK 3000 ISLAND BOULEVARD, #1702 AVENTURA, FL 33160				Name				
				Street Address (ess (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 Signature, typed or printed name of registered agent and title if applicable.								
as Shown on record. \$444,000.00 in FLORIDA to date. \$444,000.00								
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.							ter.	
12. DOCUMENT	GENERAL PARTNE		13.			ADDRESS CHA		
HAME	MANDEL, MARK			eet address				
STREET ADDRESS CITY-ST-ZIP	3000 ISLAND BOULEVARD, #1702 AVENTURA, FL 33160		េះក	/-SI-ZIP .	U00000087401 n2/15/04-90009-021,526,25			
DOCUMENT # NAME	MANDEL, ROBERTA			EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	3000 ISLAND BOULEVARD, #1702 AVENTURA, FL 33180			r-st-zip				
DOCUMENT # NAME			STR	EET ADDRESS			 	
STREET ADDRESS CITY - ST - ZIP			cm	r-51-70P		····		
DOCUMENT # NAME STREET ADDRESS			STR	EET ADDRESS				····
CITY-ST-ZIP			CET	7-ST-ZIP				
NAME STREET ADDRESS				EET ADDRESS	 			
CRTY-ST-ZIP			C/M	′-ST-ZIP				
NAME STREET ADDRESS				EET ADDRESS	····		-	
CITY-ST-ZIP				-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)(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								