


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

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000001594**  
1. Entity Name  
**THE PLUZNICK FAMILY LIMITED PARTNERSHIP**



Principal Place of Business: **7563 ISLA VERDE WAY DELRAY BEACH FL 33446**  
Mailing Address: **7563 ISLA VERDE WAY DELRAY BEACH FL 33446**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent  
**MILLER, JEROME R ESQ.  
1300 N. FEDERAL HIGHWAY, SUITE 107  
BOCA RATON FL 33432**

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: **\$10,610,175.00**  
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	PLUZNICK, SELMA R		
STREET ADDRESS	3211 SOUTH OCEAN BLVD., #801	CITY - ST - ZIP	
CITY - ST - ZIP	HIGHLAND BEACH FL 33487		
DOCUMENT #	NAME	STREET ADDRESS	
	PLUZNICK-MARRIN, MARCY		
STREET ADDRESS	3844 WILLOW VIEW COURT	CITY - ST - ZIP	
CITY - ST - ZIP	SANTA ROSA CA 95403		
DOCUMENT #	NAME	STREET ADDRESS	
	PLUZNICK, MICHAEL		
STREET ADDRESS	41 WEST OAK KNOLL DRIVE	CITY - ST - ZIP	
CITY - ST - ZIP	SAN ANSELMO CA 94960-1188		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			

100000070556  
02/28/04-80027-008 526.25

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: *Selma Pluznick* **SELMA PLUZNICK** 2/2/04 562-637-7694  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #