


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000002443
 1. Entity Name
GENET FAMILY LIMITED PARTNERSHIP NO. 1




Principal Place of Business Mailing Address
 19080 NE 29TH AVE. 19080 NE 29TH AVE.
 AVENTURA, FL 33180 AVENTURA, FL 33180

2. Principal Place of Business 3. Mailing Address

Suite, Apt # etc Suite, Apt. #, etc

City & State City & State

Zip Country Zip Country



02062004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
65-0717732 Not Applicable

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

6. Name and Address of Current Registered Agent

NELSON, BARRY A ESQ.
NELSON & LEVINE, P.A.
2775 SUNNY ISLES BLVD., STE 118
NORTH MIAMI BEACH, FL 33160

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

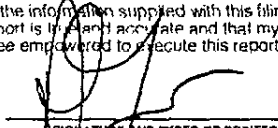
9. Capital Contributions as Shown on record, **\$4,000,000.00** 10. Amount of Capital Contributions in FLORIDA to date.

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 #	P96000102066	STREET ADDRESS	
NAME	GENET FAMILY HOLDINGS, INC. ✓	CITY-ST-ZIP	
STREET ADDRESS	19080 NE 29TH AVE.		U00000069527
CITY-ST-ZIP	AVENTURA, FL 33180		02/23/04-80009-015 528, 25
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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:  Date: **2/11/04** Telephone: **305-933-8700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Telephone Phone #

DAVID G. GENET, D.M.D.