

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

**Feb 17, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000000824**

1. Entity Name  
**WOOL FAMILY, LTD.**



Principal Place of Business  
**2506 PRINCETON CT.**  
**FT LAUDERDALE, FL 33327**

Mailing Address  
**2506 PRINCETON CT.**  
**FT LAUDERDALE, FL 33327**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172004

Chg-LP

CR2E003 (10/03)

4. FEI Number

**65-0764649**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COHN, ALAN B**  
**C/O ABRAMS, ANTON, ROBBINS, RESNICK, ETAL**  
**2021 TYLER STREET**  
**HOLLYWOOD, FL 33022**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
 as Shown on record. **\$1,000,000.00**

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 #  
 NAME **LOPATIN, SUSAN**  
 STREET ADDRESS **2506 PRINCETON CT.**  
 CITY- ST- ZIP **FT LAUDERDALE, FL 33327**

STREET ADDRESS  
 CITY- ST- ZIP

DOCUMENT #  
 NAME **WOOL, RANDY**  
 STREET ADDRESS **2506 PRINCETON CT.**  
 CITY- ST- ZIP **FT LAUDERDALE, FL 33327**

STREET ADDRESS  
 CITY- ST- ZIP

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STREET ADDRESS  
 CITY- 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

**SIGNATURE:**

*Susan Lopatin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*2/9/04*  
 Date

*954-389-5723*  
 Daytime Phone #

STAPLE CHECK HERE