


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Apr 30, 2005 08:00 AM
Secretary of State**

DOCUMENT # A97000000976

1. Entity Name
FINEBERG FAMILY LIMITED PARTNERSHIP



Principal Place of Business: 5500 COLLINS AVENUE, APT #701 MIAMI BEACH, FL 33140

Mailing Address: 5500 COLLINS AVENUE, APT #701 MIAMI BEACH, FL 33140

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country



4. FEI Number: 65-0751015 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent: FINEBERG, GLADYS, 5500 COLLINS AVENUE, MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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: _____

9. Capital Contributions as Shown on record: -\$9,787,818.08

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 #	P97000039303	STREET ADDRESS	
NAME	FINEBERG FAMILY HOLDINGS, INC.	CITY-ST-ZIP	
STREET ADDRESS	5500 COLLINS AVENUE		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	U00000345377
STREET ADDRESS			04/30/05-80032-017 526.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
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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)(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: *Gladys Fineberg* DATE: 4/14/05 DAYTIME PHONE: 305 266 5055