


**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



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

01102005 Chg-LP CR2E003 (10/03)

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

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

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: \_\_\_\_\_

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	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER