2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
04 AUG 12 PM 2:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A97000002037

1. Entity Name
KRITCHMAN ENTERPRISES, LTD.

Principal Place of Business	Mailing Address
% FIRST UNION NATIONAL BANK OF FLORIDA 200 S BISCAYNE BLVD. ATTN: KIMBERLY SMITH MIAMI, FL 33131	% FIRST UNION NATIONAL BANK OF FLORIDA 200 S BISCAYNE BLVD. ATTN: KIMBERLY SMITH MIAMI, FL 33131

Please notate 15th floor

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

07232004 Chg-LP CR2E003 (10/03) 8/12

4. FEI Number: 65-0833479 — 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
HELLER, DAN P ESQ RUDEN MCCLOSKY SMITH SCHUSTER & RUSSELL PA 701 BRICKELL AVENUE, SUITE 1900 MIAMI, FL 33131	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.

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08/12/04--01077--002 **926.25

9. Capital Contributions as Shown on record.	$6,000,000.00	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 #	P98000018887	STREET ADDRESS	
NAME	KRITCHMAN ENTERPRISES, INC.		
STREET ADDRESS	200 S. BISCAYNE BLVD	CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI, FL		
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
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DOCUMENT # / NAME / STREET ADDRESS / 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)(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: X Lola Kritchman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Lola Kritchman — Date — Daytime Phone #