


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000000590

1. Entity Name
 SOUTH FLORIDA FREEZER PARTNERS, LTD.



Principal Place of Business
 2900 N.W. 75TH STREET
 MIAMI, FL 33147

Mailing Address
 231 ELM STREET
 P.O. BOX 2060
 PERTH AMBOY, NJ 08861

2. Principal Place of Business
 Suite, Apt. #, etc

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



01132004 Chg-LP CR2E003 (10/03)

4. FEI Number
 65-0819801

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LEVINE, ALLEN M
 C/O BECKER & POLIAKOFF, P.A.
 3111 STIRLING ROAD
 FORT LAUDERDALE, FL 33312

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 \$2,000,000.00

10. Amount of Capital Contributions in FLORIDA to date *2,000,000*

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 #	P98000020266	STREET ADDRESS	
NAME	REFRIGERATED FACILITY CORP.	CITY - ST - ZIP	
STREET ADDRESS	231 ELM STREET		
CITY - ST - ZIP	PERTH AMBOY, NJ 08861		
DOCUMENT #		STREET ADDRESS	
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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: *David Coon* Date: *4-26-04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER