

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000000683			
1. Entity Name FELDMAN ASSOCIATES, LTD.			
Principal Place of Business 23335 MIRABELLA CIRCLE NORTH BOCA RATON, FL 33433		Mailing Address 23335 MIRABELLA CIRCLE NORTH BOCA RATON, FL 33433	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
4. FEI Number 65-0819311		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREENFIELD, WILLIAM C/O GREENFIELD KATZ DEVELOPMENT COMPANY 2300 GLADES ROAD, SUITE 100-E BOCA RATON, FL 33431		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. \$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 #	NAME	STREET ADDRESS	
NAME	FELDMAN, RUTH	CITY - ST - ZIP	
STREET ADDRESS	23335 MIRABELLA CIRCLE NORTH		
CITY - ST - ZIP	BOCA RATON, FL 33433		
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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: <i>Ruth Feldman</i>		3/1/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	