

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED

Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000000304

1. Entity Name

FEURRING FAMILY, LTD.



Principal Place of Business

200 RIVERSIDE BLVD., APT. #31-C
NEW YORK NY 10069

Mailing Address

200 RIVERSIDE BLVD., APT. #31-C
NEW YORK NY 10069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E003 (11/03)

4. FEI Number

65-0896654

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

BELSON, STEVEN A ESQ
NATIONSBANK BLDG
2000 GLADES RD SUITE 306
BOCA RATON FL 33431

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
as Shown on record.

\$5,841,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # P98000100332
NAME J.N. FEURRING CORP.
STREET ADDRESS 200 RIVERSIDE BLVD., APT. #31-C
CITY-ST-ZIP NEW YORK NY 10069 ✓

STREET ADDRESS
CITY-ST-ZIP

000000082526
03/09/04-80033-010 535.00

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STREET ADDRESS
CITY-ST-ZIP

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:

Joyce N. Feurring

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

February 3, 2004

Date

Daytime Phone #

STAPLE CHECK HERE