


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000000355

1. Entity Name
HERSKOWITZ FAMILY PARTNERSHIP, LTD.



Principal Place of Business
9100 S. DADELAND BOULEVARD, SUITE 1404
MIAMI, FL 33093


Mailing Address
9100 S. DADELAND BOULEVARD, SUITE 1404
MIAMI, FL 33156

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

3. Mailing Address
 Suite, Apt. #, etc

City & State
 City & State

Zip
 Country



02192004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0931099

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HERSKOWITZ, JACK L
9100 S. DADELAND BOULEVARD, SUITE 1404
MIAMI, FL 33156

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 **\$1,000,000.00**

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 #	HERSKOWITZ, JACK L	STREET ADDRESS	000000159941
NAME	HERSKOWITZ, JACK L	CITY - ST - ZIP	05/13/04-80001-006 536 25
STREET ADDRESS	9100 S. DADELAND BOULEVARD, SUITE 1404		
CITY - ST - ZIP	MIAMI, FL 33093		
DOCUMENT #	HERSKOWITZ, ALLAN	STREET ADDRESS	
NAME	HERSKOWITZ, ALLAN	CITY - ST - ZIP	
STREET ADDRESS	9100 S. DADELAND BOULEVARD, SUITE 1404		
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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: Jack L. Herskowitz **4/6/04** **305-670-0101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date City/State/Zip #