



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000002232					
1. Entity Name KADURACHIM LIMITED PARTNERSHIP					
Principal Place of Business 3000 ISLAND BLVD., #1702 AVENTURA, FL 33160			Mailing Address 3000 ISLAND BLVD., #1702 AVENTURA, FL 33160		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0973622	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MANDEL, MARK 3000 ISLAND BLVD., #1702 AVENTURA, FL 33160				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,078,098.00		10. Amount of Capital Contributions in FLORIDA to date. \$1,078,098.00			
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 #	MANDEL, MARK 3000 ISLAND BLVD., #1702 AVENTURA, FL 33160			STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
DOCUMENT #	MANDEL, ROBERTA 3000 ISLAND BLVD., #1702 AVENTURA, FL 33160			STREET ADDRESS	000000070680
NAME				CITY-ST-ZIP	02/28/04-80029-015 526.25
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NAME				CITY-ST-ZIP	
STREET ADDRESS					
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 600, Florida Statutes					
SIGNATURE: 				Date: 2/2/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone #	

STAPLE CHECK HERE