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

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000001399

1. Entity Name
ROSENFIELD FAMILY PARTNERSHIP, LTD.

Principal Place of Business	Mailing Address
4310 ANDERSON ROAD CORAL GABLES FL 33146	4310 ANDERSON ROAD CORAL GABLES FL 33146
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 65-0686559 ☐ 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
ROSENFIELD FAMILY CORP. 4310 ANDERSON ROAD CORAL GABLES FL 33146	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.	$45,482,559.00	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 #	P96000062670	STREET ADDRESS	
NAME	ROSENFIELD FAMILY CORP.		
STREET ADDRESS	4310 ANDERSON ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	CORAL GABLES FL 33146		
DOCUMENT #		STREET ADDRESS	U00000103668 04/05/04--80068--004 526.25
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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: George A. Rosenfield George Rosenfield 3/18/04 305-662-3641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #