
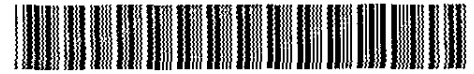


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # A94000000046			
1. Entity Name THE BRAVERMAN FAMILY PARTNERSHIP, LTD.			
Principal Place of Business 4156 BRYNWOOD DR. NAPLES FL 34119		Mailing Address 4156 BRYNWOOD DR. NAPLES FL 34119	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. BRAVERMAN 4454 WAYSIDE DR. City & State NAPLES, FL 34119		Suite, Apt. BRAVERMAN 4454 WAYSIDE DR. City & State NAPLES, FL 34119	
Zip _____ Country _____		Zip _____ Country _____	
6. Name and Address of Current Registered Agent BRAVERMAN, NEIL K 4156 BRYNWOOD DR. NAPLES FL 34119		7. Name and Address of New Registered Agent Name _____ Street Address BRAVERMAN (acceptable) 4454 WAYSIDE DR. NAPLES, FL 34119 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 <u>Steven Braverman - Pres./GP.</u> DATE <u>4/10/04</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$990.00		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 # F00000002808 NAME PARAMOUNT INVESTMENT CAPITAL COMPANY STREET ADDRESS 113 HUYLER LANDING ROAD CITY - ST - ZIP CRESSKILL NJ 07626		STREET ADDRESS _____ CITY - ST - ZIP _____	
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____		STREET ADDRESS _____ CITY - ST - ZIP _____	
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DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____		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)(f), 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: <u>Steven Braverman</u> DATE <u>4/10/04</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	



MOORE CR2E003 (11/03)

4. FEI Number 65-0476625 Applied For Not Applicable

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

STAPLE CHECK HERE

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04/20/04-80014-024 141.25