


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000001176**

1. Entity Name  
 1836 FAMILY PARTNERSHIP, LTD.



Principal Place of Business  
 1201 S. OCEAN DR., APT. 411-SOUTH  
 HOLLYWOOD, FL 33019

Mailing Address  
 1201 S. OCEAN DR., APT. 411-SOUTH  
 HOLLYWOOD, FL 33019



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

3. Mailing Address  
 Suite, Apt #, etc

03312004 Chg-LP CR2E003 (10/03)

City & State  
 Zip Country

4. FEI Number  
 65-0686290

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 BARNETT, SUZANNE  
 1201 S. OCEAN DR., APT. 411-SOUTH  
 HOLLYWOOD, FL 33019

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

9. Capital Contributions as Shown on record. **\$275,000.00**

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 #		STREET ADDRESS	
NAME	ZIER, MICHAEL	CITY-ST-ZIP	
STREET ADDRESS	3300 NORTH 29TH AVENUE, NO. 102		
CITY-ST-ZIP	HOLLYWOOD, FL 33020		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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CITY-ST-ZIP			

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 05/10/04-80042-003 535.00

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.

STAPLE CHECK HERE

SIGNATURE: *Michael P. Zier* 4-22-04 954-923-3006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #