


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT


## Due By May 1, 2005

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # A98000002099                            |  |
| 1. Entity Name<br>SHAPIRO FAMILY PARTNERSHIP, LTD. |   |

|  |  |
|--|--|
| Principal Place of Business<br>2751 SOUTH OCEAN DR.<br>APT. 801-S<br>HOLLYWOOD, FL 33019 | Mailing Address<br>2751 SOUTH OCEAN DR.<br>APT. 801-S<br>HOLLYWOOD, FL 33019 |
|--|--|

|                                |         |                    |         |
|--------------------------------|---------|--------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address |         |
| Suite, Apt. #, etc             |         | Suite, Apt. #, etc |         |
| City & State                   |         | City & State       |         |
| Zip                            | Country | Zip                | Country |

|  |                                |
|--|--------------------------------|
|  |                                |
| 03062005 Chg-LP  | CR2E003 (10/03)                |
| 4. FEI Number<br>65-0862762  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/>                          | \$8.75 Additional Fee Required |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent                          |  |
| HELLER, DAN P ESQ.<br>701 BRICKELL AVENUE, SUITE 1900<br>MIAMI, FL 33131 |  |

|  |             |
|--|-------------|
| 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. \$1,300,000.00 | 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 #                      | SHAPIRO, BETTY F TRUSTEE           | STREET ADDRESS           |   |
| NAME                            | 2751 SOUTH OCEAN DRIVE, APT. 801-S | CITY-ST-ZIP              | 000000267624<br>03/18/05-80008-020 526.25 |
| STREET ADDRESS                  | HOLLYWOOD, FL 33019                |                          |   |
| CITY-ST-ZIP                     |                                    |                          |   |
| DOCUMENT #                      |                                    | STREET ADDRESS           |   |
| NAME                            |                                    | CITY-ST-ZIP              |   |
| STREET ADDRESS                  |                                    |                          |   |
| CITY-ST-ZIP                     |                                    |                          |   |
| DOCUMENT #                      |                                    | STREET ADDRESS           |   |
| NAME                            |                                    | CITY-ST-ZIP              |   |
| STREET ADDRESS                  |                                    |                          |   |
| CITY-ST-ZIP                     |                                    |                          |   |
| DOCUMENT #                      |                                    | STREET ADDRESS           |   |
| NAME                            |                                    | CITY-ST-ZIP              |   |
| STREET ADDRESS                  |                                    |                          |   |
| CITY-ST-ZIP                     |                                    |                          |   |
| DOCUMENT #                      |                                    | STREET ADDRESS           |   |
| NAME                            |                                    | 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: Sherry Kessel **SHERY KESSEL, GUARDIAN FOR BETTY F. SHAPIRO, TRUSTEE**  
**BETTY F. SHAPIRO, IRREVOCABLE TRUST, GENERAL PARTNER**  
 3-6-05 972-325-0004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #