


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

**FILED
May 06, 2004 08:00 AM
Secretary of State**

DOCUMENT # A0000000071

1. Entity Name
**LEIBOWITZ FAMILY INVESTMENTS LIMITED
PARTNERSHIP**




Principal Place of Business Mailing Address
**ONE SOUTHEAST THIRD AVENUE, SUITE 1450 6202 POINCIANA LANE
TAMARAC, FL 33319 TAMARAC, FL 33319**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01262004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
65-1000468 Not Applicable

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

6. Name and Address of Current Registered Agent

**MATTHEW L. LEIBOWITZ
ONE S.E. 3RD AVE., STE. 1450
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. **\$250,000.00** 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 #	P00000002396	STREET ADDRESS	
NAME	LEIBOWITZ FAMILY INVESTMENTS, INC.	CITY - ST - ZIP	
STREET ADDRESS	6202 POINCIANA LANE		
CITY - ST - ZIP	TAMARAC, FL		
DOCUMENT #		STREET ADDRESS	U00000159993
NAME		CITY - ST - ZIP	05/13/04-80003-023 526.25
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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)(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:  **MATTHEW L. LEIBOWITZ** 4/22/04 (305) 530-1322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Last Daytime Phone #