



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

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

DOCUMENT # A00000000071					
1. Entity Name LEIBOWITZ FAMILY INVESTMENTS LIMITED PARTNERSHIP					
Principal Place of Business ONE SOUTHEAST THIRD AVENUE, SUITE 1450 TAMARAC, FL 33319			Mailing Address 6202 POINCIANA LANE TAMARAC, FL 33319		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01262004 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-1000468	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MATTHEW L. LEIBOWITZ ONE S.E. 3RD AVE., STE. 1450 MIAMI, FL 33131			Name		
			Street Address (P. O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$250,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date			
<b>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.</b>					
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	
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)(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: 		MATTHEW L. LEIBOWITZ 4/22/04 (305) 530-1322			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Last</small>		<small>Daytime Phone #</small>	

STAPLE CHECK HERE