

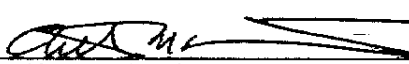


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000000274 1. Entity Name ALTBUCH FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 4557 AUTUMN WOODS WAY TALLAHASSEE, FL 32303			Mailing Address 4557 AUTUMN WOODS WAY TALLAHASSEE, FL 32303		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 02082004 Chg-LP CR2E003 (10/03)	
City & State Zip Country		City & State Zip Country			
4. FEI Number 59-3623540		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ALTBUCH, ARTHUR M 4557 AUTUMN WOODS WAY TALLAHASSEE, FL 32303				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$2,110,445.00		10. Amount of Capital Contributions in FLORIDA to date. 2,110,445 4/5/04			
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 # NAME STREET ADDRESS CITY-ST-ZIP	ALTBUCH, ARTHUR M 4557 AUTUMN WOODS WAY TALLAHASSEE, FL 32303		STREET ADDRESS CITY-ST-ZIP	000000120009 04/20/04-80006-012 526.25	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ALTBUCH, SUSAN R 4557 AUTUMN WOODS WAY TALLAHASSEE, FL 32303		STREET ADDRESS CITY-ST-ZIP		
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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: 			4/5/04 850-894-1716		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Arthur M. ALTBUCH, GENERAL PARTNER			Date Daytime Phone #		

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