


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

<b>DOCUMENT # A00000000482</b> 1. Entity Name <b>SINGER FAMILY INVESTMENTS, LTD.</b>	
--	---

**FILED**

04 APR 20 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

Principal Place of Business <b>1000 WEST ISLAND BLVD., APT. 1609 WILLIAMS ISLAND NORTH MIAMI BEACH FL 33160</b>	Mailing Address <b>1000 WEST ISLAND BLVD., APT. 1609 WILLIAMS ISLAND NORTH MIAMI BEACH FL 33160</b>
--	--

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

4. FEI Number <b>65-1015468</b>	Applied For <input type="checkbox"/> Not Applicable
---------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	Applied For <input type="checkbox"/> Not Applicable
---	--

6. Name and Address of Current Registered Agent  <b>B &amp; C CORPORATE SERVICES, INC. 201 SOUTH BISCAYNE BLVD., SUITE 3000 MIAMI FL 33131</b>	7. Name and Address of New Registered Agent Name <b>Joseph A. Singer</b> Street Address (P.O. Box Number is Not Acceptable) <b>1000 W. Island Blvd. #1609</b> City <b>Aventura</b> <b>FL</b> Zip Code <b>33160</b>
--	---

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 <i>Joseph A. Singer</i> DATE <b>4/15/04</b>	Signature typed or printed name of registered agent and title if applicable.
--	--

9. Capital Contributions as shown on record. <b>\$210,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>same - no change</b>	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
--	---	--

**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														
<table border="1" style="width:100%"> <tr> <td style="width:10%">DOCUMENT #</td> <td style="width:90%">NAME</td> </tr> <tr> <td>NAME</td> <td><b>SINGER, ANN D</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1000 WEST ISLAND BLVD., APT. 1609</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>NORTH MIAMI BEACH FL 33160</b></td> </tr> </table>	DOCUMENT #	NAME	NAME	<b>SINGER, ANN D</b>	STREET ADDRESS	<b>1000 WEST ISLAND BLVD., APT. 1609</b>	CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33160</b>	<table border="1" style="width:100%"> <tr> <td style="width:10%">STREET ADDRESS</td> <td style="width:90%">CITY-ST-ZIP</td> </tr> <tr> <td></td> <td><b>000035819310</b></td> </tr> <tr> <td></td> <td><b>05/10/04--01068--004 **526.25</b></td> </tr> </table>	STREET ADDRESS	CITY-ST-ZIP		<b>000035819310</b>		<b>05/10/04--01068--004 **526.25</b>
DOCUMENT #	NAME														
NAME	<b>SINGER, ANN D</b>														
STREET ADDRESS	<b>1000 WEST ISLAND BLVD., APT. 1609</b>														
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33160</b>														
STREET ADDRESS	CITY-ST-ZIP														
	<b>000035819310</b>														
	<b>05/10/04--01068--004 **526.25</b>														
<table border="1" style="width:100%"> <tr> <td style="width:10%">DOCUMENT #</td> <td style="width:90%">NAME</td> </tr> <tr> <td>NAME</td> <td><b>SINGER, JOSEPH A</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1000 WEST ISLAND BLVD., APT. 1609</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>NORTH MIAMI BEACH FL 33160</b></td> </tr> </table>	DOCUMENT #	NAME	NAME	<b>SINGER, JOSEPH A</b>	STREET ADDRESS	<b>1000 WEST ISLAND BLVD., APT. 1609</b>	CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33160</b>	<table border="1" style="width:100%"> <tr> <td style="width:10%">STREET ADDRESS</td> <td style="width:90%">CITY-ST-ZIP</td> </tr> <tr> <td></td> <td></td> </tr> </table>	STREET ADDRESS	CITY-ST-ZIP				
DOCUMENT #	NAME														
NAME	<b>SINGER, JOSEPH A</b>														
STREET ADDRESS	<b>1000 WEST ISLAND BLVD., APT. 1609</b>														
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33160</b>														
STREET ADDRESS	CITY-ST-ZIP														
<table border="1" style="width:100%"> <tr> <td style="width:10%">DOCUMENT #</td> <td style="width:90%">NAME</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	DOCUMENT #	NAME	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%"> <tr> <td style="width:10%">STREET ADDRESS</td> <td style="width:90%">CITY-ST-ZIP</td> </tr> <tr> <td></td> <td></td> </tr> </table>	STREET ADDRESS	CITY-ST-ZIP				
DOCUMENT #	NAME														
NAME															
STREET ADDRESS															
CITY-ST-ZIP															
STREET ADDRESS	CITY-ST-ZIP														
<table border="1" style="width:100%"> <tr> <td style="width:10%">DOCUMENT #</td> <td style="width:90%">NAME</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	DOCUMENT #	NAME	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%"> <tr> <td style="width:10%">STREET ADDRESS</td> <td style="width:90%">CITY-ST-ZIP</td> </tr> <tr> <td></td> <td></td> </tr> </table>	STREET ADDRESS	CITY-ST-ZIP				
DOCUMENT #	NAME														
NAME															
STREET ADDRESS															
CITY-ST-ZIP															
STREET ADDRESS	CITY-ST-ZIP														
<table border="1" style="width:100%"> <tr> <td style="width:10%">DOCUMENT #</td> <td style="width:90%">NAME</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	DOCUMENT #	NAME	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%"> <tr> <td style="width:10%">STREET ADDRESS</td> <td style="width:90%">CITY-ST-ZIP</td> </tr> <tr> <td></td> <td></td> </tr> </table>	STREET ADDRESS	CITY-ST-ZIP				
DOCUMENT #	NAME														
NAME															
STREET ADDRESS															
CITY-ST-ZIP															
STREET ADDRESS	CITY-ST-ZIP														
<table border="1" style="width:100%"> <tr> <td style="width:10%">DOCUMENT #</td> <td style="width:90%">NAME</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	DOCUMENT #	NAME	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%"> <tr> <td style="width:10%">STREET ADDRESS</td> <td style="width:90%">CITY-ST-ZIP</td> </tr> <tr> <td></td> <td></td> </tr> </table>	STREET ADDRESS	CITY-ST-ZIP				
DOCUMENT #	NAME														
NAME															
STREET ADDRESS															
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: <i>Joseph A. Singer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date <b>4/15/04</b>	Daytime Phone # <b>(305) 932-3605</b>
--	---------------------	---------------------------------------

STAPLE CHECK HERE