2004 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Apr 29, 2004 08:00 AN Secretary of State

Due By May 1, 2004					Secretary of Stat		
1. Entity Na	OCUMENT # A0000000586 Entity Name DLER FAMILY INVESTMENTS, LIMITED						
C/O KARL 1700 NOR	rincipal Place of Business Mailing Address VO KARL W. ADLER 700 NORTHEAST 26TH STREET, #4 T, LAUDERDALE, FL 33305 Mailing Address C/O KARL W. ADLER 1700 NORTHEAST 26 FT. LAUDERDALE, FL		STH STRE	ET, #4	T 		
2. Principa	2. Principal Place of Business 3. Maifing Address Suite, Apt. #, etc. Suite, Apt. #, etc.						
Suite, A					04262004 Chg-LP CR2E003 (10/0	03)	
City & S	City & State City & State				I —	Applied For	
Zip	Zip Country Zip		Cour	itry	5 Certificate of Status Desired \$8.75	Not Applicable Additional	
	6. Name and Address of Current	t Registered Agent	<u> </u>		7. Name and Address of New Registered Agent	uirea	
ADLER, KARL W				Name			
1700 NO	1700 NORTHEAST 26TH STREET, #4 FT. LAUDERDALE, FL 33305			Street Address (P.O. Box Number is Not Acceptable)			
	•			City	⊏ Zip C	Inde	
8. The abo	ve паmed entity submits this statement f	or the purpose of changing i	its register	<u> </u>	red agent, or both, in the State of Florida. I am familiar w		
	gations of registered agent.		_	_			
SIGNATUR	Signature typed or printed name of registered agent and title if applicable.				DATE		
	bital Contributions Shown on record. \$2,052,592.00 10. Amount of Capital Contin FLORIDA to date.			a052 <i>5</i> 94	a.00 \$5a6.a5		
		TERED AND ACTIVE WITH THIS OFFICE. nt must be filed to change a general partner.					
12.	GENERAL PARTNER INFORMATION 1:				ADDRESS CHANGES ONLY		
DOCUMENT # NAME	MENT: L00000003759 ADLER FAMILY INVESTMENTS, LLC		STR	EET ADDRESS			
STREET ADDRE	, , , , , , , , , , , , , , , , , , , ,		CITY	/-ST-ZIP			
DOCUMENT #			STR	EET ADDRESS			
STREET ADDRE	ss		cir	Y-ST-ZIP	U00000158321 NS/07/04-80017-010	526.25	
DOCUMENT # NAME	ADORESS		STR	EET ADDRESS			
STREET ADORE CITY - ST - ZIP			cm	Y-ST-ZIP			
DOCUMENT #			STR	EET ADDRESS			
STREET ADDRE	55		CIT	Y-ST-ZIP			
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRE			STA	EET ADDRESS			
当 STREET ADDRE			Cit	Y-ST-ZIP			
DOCUMENT /			SIF	REET ADDRESS			
STREET ADDRE	TREET ADDRESS			Y-ST-ZIP			
indica	14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the infinidicated 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 pather receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes 45 MGR * F						
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER Date Dept Dept Dept Dept Dept Dept Dept De							