2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

AGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

FILED Apr 30, 2005 08:00 AM Secretary of State

DOCUMENT # A0000000644 1. Entity Name THE NILSEN FAMILY LIMITED PARTNERSHIP						cretary of State
3164 INVER	ne of Business NESS RDALE, FL 33332	Mailing Address 3164 INVERNESS FORT LAUDERDALE,	FL 33332	<u> </u>	1 TESION 1011 SOLI 0011 0512	ONII WONI OONI WAN BANK ONIN OOR OO OO OO
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			
Suite, Apt #. etc.		Suite, Apt. #. etc.			02222005 Chg-LP	CR2E003 (10/03)
City & State		City & State			4. FEI Number 65-1004729	Applied For Not Applicable
Zip	Country Zip		Count	5. Certificate of Status Desired Sea.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
NILSEN, RICHARD B 3164 INVERNESS FORT LAUDERDALE, FL 33332				Name Streat Address (P.O. Box Number is Not Acceptable)		
			İ	City		FL Zip Code
	named entity submits this statementions of registered agent	for the purpose of changing	its registere	d office or register	ed agent, or both, in the State	of Florida I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered as	post and late if applicants				DATE
9. Capital Co as Shown		10. Amount of Car		utions		
	A GENERAL PARTNEI NOTE: General Partners	R THAT IS A BUSINESS E	ENTITY MU	JST BE REGIST an amendmen	TERED AND ACTIVE WITH	H THIS OFFICE.
12. GENERAL PARTNER INFORMATION			13.	13. AÖDRESS CHANGES ONLY		
DOCUMENT #	NILSEN, RICHARD B 3164 INVERNESS PORT LAUDERDALE, FL 33332		STREE	T ADDRESS		
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STREET ADDRESS CITY-ST-ZIP			CITY	- 1		
14. I hereby of indicated the received	certify that the information supplied v on this report is true and accurate a rer or trustee empowered to execute	with this filing does not qualify and that my signature shall have this report as required by Cha	for the exemulation to the same apter 620. Fi	rption stated in Se legal effect as if m lorida Statutes	ction 119,07(3)(i), Florida Stati ade under oath, that I am a G	utes. I further certify that the information teneral Partner of the limited partnership o

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