
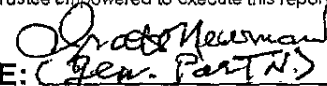


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

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

| | | | | | |
|---|---------------------------|-----------------------|--|---|--|
| DOCUMENT # A00000000676 1. Entity Name NEWMAN FAMILY ENTERPRISES, LTD. | | | |  | |
| Principal Place of Business 6209 ROYAL POINCIANA LANE TAMARAC FL 33319 | | | Mailing Address C/O IRA H. NEWMAN 6209 ROYAL POINCIANA LANE TAMARAC FL 33319 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | 4. FEI Number 65-1002107 <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> | |
| 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 | | |
| SINGER, BERNARD A 4925 SHERIDAN STREET SUITE A HOLLYWOOD FL 33021 | | | 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> | | | | DATE _____ | |
| 9. Capital Contributions as Shown on record. | | \$4,000,000.00 | | 10. Amount of Capital Contributions in FLORIDA to date. | |
| 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 # | P00000033662 | | STREET ADDRESS | | |
| NAME | NEWMAN MANAGEMENT, INC. | | CITY- ST- ZIP | | |
| STREET ADDRESS | 6209 ROYAL POINCIANA LANE | | | | |
| CITY- ST- ZIP | TAMARAC FL 33319 | | | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY- ST- ZIP | | |
| STREET ADDRESS | | | U00000345304 04/30/05-80029-024 526.25 | | |
| 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: (Gen. Partner) — IRA H. NEWMAN

4/15/05 954-731-4416
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE