

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

APPROVED  
AND  
FILED

04 MAY -4 PM 4:49  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>DOCUMENT # A00000001318</b> 1. Entity Name <b>ROUSSEAU FAMILY LTD.</b>					
Principal Place of Business 5100 N. FEDERAL HIGHWAY STE. 409 FT. LAUDERDALE, FL 33308			Mailing Address 5100 N. FEDERAL HIGHWAY STE. 409 FT. LAUDERDALE, FL 33308		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04302004    Chg-LP    CR2E003 (10/03)	
4. FEI Number <b>65-1035349</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LEGAL, LARRY</b> 5100 N. FEDERAL HIGHWAY STE. 409 FT. LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent Name <b>LEGAL, LARRY</b> Street Address (P.O. Box Number is Not Acceptable) <b>800 W. CYPRESS CREEK RD.</b> <b>SUITE 470</b> City <b>FORT LAUDERDALE</b> <b>FL</b> Zip Code <b>33309</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 <u><i>Larry Legal</i></u> <b>LARRY LEGAL</b> 4-30-4    DATE					
9. Capital Contributions as Shown on record. <b>\$480,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
PULITZER, LIZA D 710 SOUTH COUNTRY RD PALM BEACH, FL 33480			600036547576 05/18/04--01041--006    **526.25		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
MCCLUSKEY, LILLIAN P 710 SOUTH COUNTRY RD PALM BEACH, FL 33480			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
PULITZER, PETER M 710 SOUTH COUNTRY RD PALM BEACH, FL 33480			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: <u><i>Peter Pulitzer</i></u> <b>PETER PULITZER</b> 4/30/04    Date    Daytime Phone #					

STAPLE CHECK HERE