


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000001567 1. Entity Name THE RUTH ROSEN FAMILY LIMITED PARTNERSHIP	
--	---

Principal Place of Business 4504 QUEEN PALM LANE TAMARAC, FL 33319	Mailing Address 4504 QUEEN PALM LANE TAMARAC, FL 33319
---	---

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

01222004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-1068110	<input type="checkbox"/> Approved For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent ROSEN, RUTH 4504 QUEEN PALM LANE TAMARAC, FL 33319	7. Name and Address of New Registered Agent 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 _____	DATE _____
-----------------	------------

9. Capital Contributions as Shown on record. \$500,000.00	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 #	NAME	STREET ADDRESS	
NAME	ROSEN, RUTH TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	4504 QUEEN PALM LANE		
CITY-ST-ZIP	TAMARAC, FL 33319		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	COHEN, MARCIA TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	19388 CEDAR GLEN DRIVE		
CITY-ST-ZIP	BOCA RATON, FL 33434		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	ROSEN, MARVIN TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	19569 ISLAND COURT DRIVE		
CITY-ST-ZIP	BOCA RATON, FL 33434		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

U000000087357
 03/15/04-80008-003 526.25

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>Ruth Rosen</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	<i>2/26/04</i> DATE	DAYTIME PHONE #
---	------------------------	-----------------

STAPLE CHECK HERE