


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

526.25

FILED

**Mar 19, 2004 08:00 AM
Secretary of State**

DOCUMENT # A01000000838					
1. Entity Name LEONE FAMILY HOLDINGS, LTD.					
Principal Place of Business 1100 S.E. 5TH COURT #11 POMPANO BEACH FL 33060-8160			Mailing Address 1100 S.E. 5TH COURT #11 POMPANO BEACH FL 33060-8160		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1117492	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEONE, JOSEPH E 1100 S.E. 5TH COURT #11 POMPANO BEACH FL 33060-8160				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record.		\$3,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. <i>\$1,437,635</i>	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
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 #	L01000010060			STREET ADDRESS	
NAME	LEONE FAMILY HOLDINGS, LC			CITY-ST-ZIP	
STREET ADDRESS	1100 S.E. 5TH COURT #11				
CITY-ST-ZIP	POMPANO BEACH FL 33060-8160				
DOCUMENT #				STREET ADDRESS	000000097157
NAME				CITY-ST-ZIP	03/26/04-80028-001 526.25
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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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* MEMBER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE