

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A01000001708</b>	
1. Entity Name GALUI FAMILY INVESTMENTS, LTD.	



Principal Place of Business 8217 STEEPLECHASE DRIVE PALM BEACH GARDENS, FL 33418	Mailing Address 8217 STEEPLECHASE DRIVE PALM BEACH GARDENS, FL 33418
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01062005 Chg-LP CR2E003 (10/03)

City & State	City & State
Zip	Country

4. FEI Number 90-0000869	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  GALUI, GENE 8217 STEEPLECHASE DRIVE PALM BEACH GARDENS, FL 33418
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$500,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	AJN CONSULTING, INC. 8217 STEEPLECHASE DRIVE PALM BEACH GARDENS, FL 33418	STREET ADDRESS	U00000361260
NAME		CITY-ST-ZIP	05/05/05-80068-009 526 25
STREET ADDRESS			
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Judith M. Galui</u>	Date: <u>3-24-05</u>	Daytime Phone #: <u>561-691-9050</u>
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