

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR -1 AM 10:00

DOCUMENT # A02000000148 1. Entity Name THE FLORENCE WOLFSON FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 7580 REGENCY LAKE DRIVE, #E-602 BOCA RATON, FL 33433-6971			Mailing Address 7580 REGENCY LAKE DRIVE, #E-602 BOCA RATON, FL 33433-6971		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01122004 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number APPLIED FOR 80-0035449	
				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	
WOLFSON, FLORENCE F 7580 REGENCY LAKE DRIVE, #E-602 BOCA RATON, FL 33433-6971				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. \$5,300,000.00			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 #	P01000106496		STREET ADDRESS		
NAME	FLORENCE WOLFSON FAMILY CORP.		CITY-ST-ZIP		
STREET ADDRESS	7580 REGENCY LAKE DRIVE, #E-602				
CITY-ST-ZIP	BOCA RATON, FL 334336971				
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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: <i>Florence Wolfson</i> FLORENCE F WOLFSON			Date 4/1/04 361-391-7090		

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