


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

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000000186	
1. Entity Name STROK FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 1051 HILLSBORO MILE, APT. 906E HILLSBORO BEACH FL 33062	Mailing Address 1051 HILLSBORO MILE, APT. 906E HILLSBORO BEACH FL 33062
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent ATKINSON, WILSON C III ESQ % ATKINSON, DINER, STONE, MAKUTA ET AL. 1946 TYLER STREET HOLLYWOOD FL 33020	
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4. FEI Number 03-0457604	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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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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
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9. Capital Contributions as Shown on record. \$2,000,300.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY - ST - ZIP	P02000000567 STROK MANAGEMENT, INC. 1051 HILLSBORO MILE, APT. 906E HILLSBORO BEACH FL 33062	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
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		CITY - ST - ZIP	

1100000156801
05/06/04-80005-005 141.25

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)(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 *Elizabeth J. Strok* **ELIZABETH J. STROK** **4/22/04** **954-946-4541**