

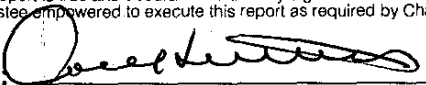


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 2004 JUN 14 AM 8:59
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A02000000207 1. Entity Name WITTENBERG INVESTMENTS LIMITED PARTNERSHIP					
Principal Place of Business 4097 N.W. 60TH CIRCLE BOCA RATON, FL 33496		Mailing Address 4097 N.W. 60TH CIRCLE BOCA RATON, FL 33496			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
				02142004 Chg-LP CR2E003 (10/03)	
				4. FEI Number 02-0548369	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WITTENBERG, NOEL 4097 N.W. 60TH CIRCLE BOCA RATON, FL 33496				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. \$600,000.00		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 # P02000017261 NAME WITTENBERG ENTERPRISES, INC. STREET ADDRESS 4097 N.W. 60TH CIRCLE CITY-ST-ZIP BOCA RATON, FL 33496				STREET ADDRESS CITY-ST-ZIP	
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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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date 2/29/04 Daytime Phone # 561 241-9979 516 295-4730 NY	

STAPLE CHECK HERE