


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000000258</b>					
1. Entity Name <b>THE REINSTEIN FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>C/O JOEL REINSTEIN 925 S FEDERAL HWY SUITE 325 BOCA RATON, FL 33432</b>			Mailing Address <b>C/O JOEL REINSTEIN 925 S FEDERAL HWY SUITE 325 BOCA RATON, FL 33432</b>		
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 <b>03-0406569</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>REINSTEIN, JOEL 925 S FEDERAL HWY SUITE 325 BOCA RATON, FL 33432</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. <b>\$6,000,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P02000016576		STREET ADDRESS		
NAME	REINSTEIN FAMILY CORP ✓		CITY-ST-ZIP		
STREET ADDRESS	925 S FEDERAL HWY SUITE 325				
CITY-ST-ZIP	BOCA RATON, FL 33432				
DOCUMENT #			STREET ADDRESS	1100000070338	
NAME			CITY-ST-ZIP	02/28/04-80022-007 526.25	
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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)(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>Joel Reinstein, Pres</u>			1/22/04 (561) 393-6714		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		
Joel Reinstein, President of Reinstein Family Corp					

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