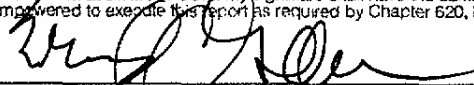


SENT BY RETURN RECEIPT # 7004-0750-0001-9206-6757-
2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000000387			
1. Entity Name GELBER FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 275 SOLANO PRADO CORAL GABLES, FL 33156		Mailing Address 275 SOLANO PRADO CORAL GABLES, FL 33156	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SACHER, CHARLES P 2655 LEJEUNE ROAD, SUITE 1101 CORAL GABLES, FL 33134		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 _____ Signature, typed or printed name of registered agent and if applicable.			
9. Capital Contributions as Shown on record: \$1,010,000.00		10. Amount of Capital Contributions in FLORIDA to date: \$1,010,000.00	
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	
NAME	GELBER, EDWARD C.M.D.	CITY-ST-ZIP	
STREET ADDRESS	275 SOLANO PRADO		
CITY-ST-ZIP	CORAL GABLES, FL 33156		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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: 		03-29-05 305/669-1885	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	



03262005 Chg-LP CR2E003 (10/03)

4. FEI Number
03-0396880

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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04/09/05-80007-003 526.25

STAPLE CHECK HERE