

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

**FILED**  
**Jul 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A02000000958**

1. Entity Name  
**THE GERALDINE FELDBAUM FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**385 NORTH POINT DRIVE, #803  
OSPREY, FL 34229**

Mailing Address  
**385 NORTH POINT DRIVE, #803  
OSPREY, FL 34229**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06222004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

**04-3703449**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOERR, KENNETH D  
240 S. PINEAPPLE AVENUE, 10TH FL  
SARASOTA, FL 34236**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. **\$250,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

**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  
**FELDBAUM, GERALDINE TRUSTEE  
385 NORTH POINT DRIVE, #803  
OSPREY, FL 34229**

STREET ADDRESS

CITY-ST-ZIP

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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:

**JAMES FELDBAUM POA**  
**Geraldine Feldbaum, Trustee**

Date

Daytime Phone

**941**  
**6/30/04 685-5441**

STAPLE CHECK HERE