
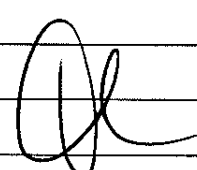
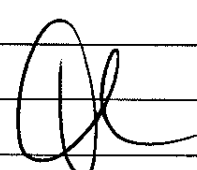
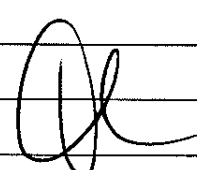


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAY 14 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A02000001267 1. Entity Name CLAIRE BREINER FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 15473 STATHEARN DRIVE DELRAY BEACH, FL 33446			Mailing Address 15473 STATHEARN DRIVE DELRAY BEACH, FL 33446		
2. Principal Place of Business 735 Greensward Lane		3. Mailing Address 735 Greensward Lane			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Delray Beach, FL		City & State Delray Beach, FL		4. FEI Number 16-1630119	
Zip 33445		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BREINER, CLAIRE 15473 STATHEARN DRIVE DELRAY BEACH, FL 33446				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 735 Greensward Lane City Delray Beach FL Zip Code 33445	
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 <u><i>Clare Breiner</i></u> _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record: \$29,700.00			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 #	NAME		STREET ADDRESS	735 Greensward Lane	
NAME	BREINER, CLAIRE		CITY-ST-ZIP	Delray Beach, FL 33445	
STREET ADDRESS	15473 STATHEARN DRIVE		200037839152 06/10/04--01008--013 **296.65		
CITY-ST-ZIP	DELRAY BEACH, FL 33446				
DOCUMENT #	NAME		STREET ADDRESS		
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DOCUMENT #	NAME		STREET ADDRESS		
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: *Clare Breiner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

STAPLE CHECK HERE