2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED May 04, 2004 08:00 AM Secretary of State

DOCUMENT # A0200001736 1. Firstly Name THE JOSEPH AND ESTELLE FINKEL FAMILY LIMITED PARTNERSHIP				Secretary of State	
4910 PINEVIEW CIRCLE 4910 PIN		Mailing Address 4910 PINEVIEW CIRCLE DELRAY BEACH, FL 33			
Percopal Place of Business 3.		3. Mailing Address			
Suite Apt # etc		Suite Apt #, etc		<u>-</u>	04222004 Chg-LP CR2E003 (10/03)
City & State		City & State			4. FE: Number Applied For 14-1858294 Not App'icable
. *₩	Country	Zıp	Coun	itry	5. Certificate of Slatus Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				Namé	7. Name and Address of New Registered Agent
FINKEL, JOSEPH 4910 PINEVIEW CIRCLE DELRAY BEACH, FL 33445				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 of parties have extregistered agent and title if applicable					CAYE
9. Capital Contributions 5. Solve or record \$5,918,085.40 In FLORIDA to date				butions 4.509	570
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		13.		ADDRESS CHANGES ONLY
DOLOMENT # NAME CTREET ADDRESS :	TRUST AGREEMENT OF JOSEPH FINKEL			EET ADDRESS	
CIFY ST ZIF	DELRAY BEACH, FL 33445		CITY	-ST-ZIP	110,44,4,44,4,44
COMMENT A	TRUST AGREEMENT OF ESTELLE T. FINKEL		STRE	ET ADORESS	05/10/04-80017-021 526.25
CITY ST-ZIP			CITY	-ST-ZIP	
DU DMENT # 1 SNO			STPE	EET ADORESS	
TREET ADDRESS			GIFY	-S1-71P	
UUSUMENT ≠ NAME			STRE	EET ADDRESS	
aren Appersa an en ale			EITY	-\$1-ZIP	
LHOOMENEX NAME	-		STPE	EET ADDRESS	
TPET ADDRESS			GITY	· ST · ZIP	
COCUMENT .		<u>,</u>	STRE	EET ADDRESS	
TREET ADDRESS			CHTY	- ST - ZIP	
14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. Florither 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 teceiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					