

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 25 AM 11:04

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|---|------------------------|-----|---|---|--|
| DOCUMENT # A03000000261 | | | |  | |
| 1. Entity Name THE GLASSER FAMILY LIMITED PARTNERSHIP | | | | | |
| Principal Place of Business 3100 N. MILITARY TRAIL ATTN: RUTH WIENER, VP BOCA RATON, FL 33431-6323 | | | Mailing Address 3100 N. MILITARY TRAIL ATTN: RUTH WIENER, VP BOCA RATON, FL 33431-6323 | | |
| 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 02182005 Chg-LP CR2E003 (10/03) | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent GLASSER, RUTH 10896 ROYAL CARIBBEAN CIRCLE BOYNTON BEACH, FL 33437 | | | | 7. Name and Address of New Registered Agent | |
| Name | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | | | 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. \$1,200,000.00 | | | 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 # | P03000015772 | | STREET ADDRESS | | |
| NAME | GLASSER FAMILY CORP. | | CITY-ST-ZIP | | |
| STREET ADDRESS | 3100 N. MILITARY TRAIL | | | | |
| CITY-ST-ZIP | BOCA RATON, FL 33431 | | | | |
| DOCUMENT # | | | STREET ADDRESS | 100047876351 | |
| NAME | | | CITY-ST-ZIP | 03/08/05--01013--019 **526.25 | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
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| 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:  | | | Date: 2/21/05 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | Daytime Phone # | | |

STAPLE CHECK HERE