

2004 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2004**

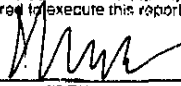
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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



04262004 Chg-LP CR2E003 (10/03)

DOCUMENT # A03000001098			
1. Entity Name MARK AND CAROL A. ADELMAN FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 6125 NW 23RD TERRACE BOCA RATON, FL 33496		Mailing Address 6125 NW 23RD TERRACE BOCA RATON, FL 33496	
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		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BLATT, PETER A ESQ 800 VILLAGE SQUARE CROSSING STE. 204 PALM BEACH GARDENS, FL 33410		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 date if applicable.			
9. Capital Contributions as Shown on record. \$2,680,000.00		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 #	P03000083864	STREET ADDRESS	
NAME	MARK AND CAROL A. ADELMAN, INC.	CITY-ST-ZIP	
STREET ADDRESS	6125 NW 23RD TERRACE		
CITY-ST-ZIP	BOCA RATON, FL 33496		
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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: 		4/30/04 561-488-2988 DATE DAYTIME PHONE #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			

STAPLE CHECK HERE