

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A03000001098</b>					
1. Entity Name <b>MARK AND CAROL A. ADELMAN FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>6125 NW 23RD TERRACE BOCA RATON, FL 33496</b>			Mailing Address <b>6125 NW 23RD TERRACE BOCA RATON, FL 33496</b>		
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 <b>APPLIED FOR 51-0473341</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BLATT, PETER A ESQ 800 VILLAGE SQUARE CROSSING STE. 204 PALM BEACH GARDENS, FL 33410</b>				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 date if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$2,660,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>2,660,000</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
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				
DOCUMENT #			STREET ADDRESS		
NAME			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: <i>[Signature]</i>			Date: <i>4-26-05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		

STAPLE CHECK HERE

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