


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 16 PM 4:30

TALLAHASSEE
FLORIDA

MJH

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| DOCUMENT # A03000001329 | |  |
| 1. Entity Name FLEISSLER FAMILY LIMITED PARTNERSHIP | | |

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| Principal Place of Business 7512 MAHOGANY BEND PLACE BOCA RATON, FL 33434 | Mailing Address 7512 MAHOGANY BEND PLACE BOCA RATON, FL 33434 |
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| 2. Principal Place of Business 7517 MAHOGANY BEND PLACE Suite, Apt. #, etc. | 3. Mailing Address 7517 MAHOGANY BEND PLACE Suite, Apt. #, etc. |
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| City & State BOCA RATON, FL | City & State BOCA RATON, FL |
| Zip 33434 | Country USA |



04092004 Chg-LP CR2E003 (10/03)

4/10

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| 4. FEI Number 42-1606078 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent FLEISSLER, LORRENCE 7517 MAHOGANY BEND PLACE BOCA RATON, FL 33434 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) 7517 MAHOGANY BEND PLACE | |
| City BOCA RATON | Zip Code FL 33434 |

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| 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 04/29/04--01005--008 **526.25 |

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| 9. Capital Contributions as Shown on record. \$50,000,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. |
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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 | |
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| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | P03000099984 FLEISSLER FAMILY CORPORATION 7517 MAHOGANY BEND PLACE BOCA RATON, FL 33434 | STREET ADDRESS CITY-ST-ZIP | 7517 MAHOGANY BEND PLACE BOCA RATON, FL 33434 |
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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: BY: <u>FLEISSLER FAMILY CORPORATION</u> LORRENCE FLEISSLER | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | DATE 4/13/04 |