

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A03000001745

1. Entity Name

THE CAPELLINI REAL ESTATE FAMILY LIMITED
PARTNERSHIP #1



FILED
2004 APR 23 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 1311 NEWPORT CENTER DRIVE W, STE. C DEERFIELD BEACH FL 33442
Mailing Address: 1311 NEWPORT CENTER DRIVE W, STE. C DEERFIELD BEACH FL 33442

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country



MOORE CR2E003 (11/03)

4. FEI Number: 56-2423386 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

WACHS, JEFFREY S ESQ
1177 S.E. 3RD AVE.
FORT LAUDERDALE FL 33316

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 title if applicable.

9. Capital Contributions as Shown on record: \$5,000.00
10. Amount of Capital Contributions in FLORIDA to date: _____
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	NAME	STREET ADDRESS	
	CAPELLINI, ALBERT		
STREET ADDRESS	1311 NEWPORT CENTER DRIVE W, STE. C	CITY-ST-ZIP	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		
DOCUMENT #	NAME	STREET ADDRESS	800035801178
			05/10/04--01033-013 **150.00
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STAPLE CHECK HERE

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: *Albert Capellini* DATE: 4-14-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER (Date) Daytime Phone #