



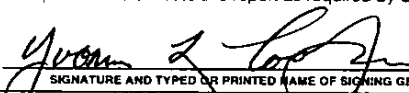
2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A04000000297 1. Entity Name COOPER FAMILY INVESTMENTS LTD.						<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> FILED 05 APR 29 PM 5:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business C/O ADORNO & YOSS, P.A. 700 SOUTH FEDERAL HIGHWAY, SUITE 200 BOCA RATON, FL 33432				Mailing Address C/O ADORNO & YOSS, P.A. 700 SOUTH FEDERAL HIGHWAY, SUITE 200 BOCA RATON, FL 33432			
2. Principal Place of Business		3. Mailing Address				 04252005 Chg-LP CR2E003 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip			
4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable						5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARELLEK, STEVEN C/O ADORNO & YOSS, P.A. 700 SOUTH FEDERAL HIGHWAY, SUITE 200 BOCA RATON, FL 33432						7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> <small>DATE</small>							
9. Capital Contributions as Shown on record. \$7,000,000.00				10. Amount of Capital Contributions in FLORIDA to date. 7,000,000.00			
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			
	STREET ADDRESS			CITY-ST-ZIP			
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	CITY-ST-ZIP						

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:  **4/25/05 (561) 799-3555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date
Office Phone #