2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
2005 OCT 17 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COPY

DOCUMENT # A04000001408

1. Entity Name
OBSTGARTEN FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
16323 VINTAGE OAKS LANE DELRAY BEACH, FL 33484	16323 VINTAGE OAKS LANE DELRAY BEACH, FL 33484

06232005 Chg-LP CR2E003 (10/03)

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 20-1492046 ☐ 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
RUBIN, SANDRA 16323 VINTAGE OAKS LANE DELRAY BEACH, FL 33484	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.	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
$41,000,000.00	$41,000,000.00	

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: RUBIN, SANDRA STREET ADDRESS: 16323 VINTAGE OAKS LANE CITY-ST-ZIP: DELRAY BEACH, FL 33484	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME: RUBIN, MARVIN STREET ADDRESS: 16323 VINTAGE OAKS LANE CITY-ST-ZIP: DELRAY BEACH, FL 33484	STREET ADDRESS CITY-ST-ZIP 300061077108 11/01/05--01055--019 **525.25
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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: Sandra O. Rubin 10/12/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #