2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL -5 AM 8:38

DOCUMENT # A04000001985

1. Entity Name
THE WOLFSDORF FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
1 GROVE ISLE DRIVE, UNIT 804 MIAMI, FL 33133	1 GROVE ISLE DRIVE, UNIT 804 MIAMI, FL 33133

04112005 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 65-0922336 ☐ 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
WOLFSDORF, JACK 1 GROVE ISLE DRIVE, UNIT 804 MIAMI, FL 33133	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, type 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.
$1,000.00	

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 #	L98000002040	STREET ADDRESS	
NAME	WOLFSDORF ASSOCIATES, LLC	CITY-ST-ZIP	
STREET ADDRESS	1 GROVE ISLE DRIVE, UNIT 804		
CITY-ST-ZIP	MIAMI, FL 33133		
DOCUMENT #		STREET ADDRESS	
NAME		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: Jack Wolfsdorf MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #