
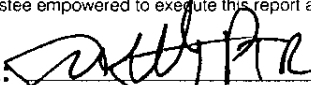


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 12 AM 10:39

DOCUMENT # A18679					
1. Entity Name WAKSTEIN LIMITED					
Principal Place of Business 2693 ISLAND VIEW DR. PANAMA CITY, FL 32405			Mailing Address 204-A ELLEN LANE PANAMA CITY, FL 32408-5830		
2. Principal Place of Business 204-A ELLEN LANE			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State PANAMA CITY, FL			City & State		
Zip 32408-5830		Country		4. FEI Number 59-2438612	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01062004 Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent WAKSTEIN, GARY 204-A ELLEN LANE PANAMA CITY BEACH, FL 32408				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$900.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	WAKSTEIN, HERMAN		STREET ADDRESS		
NAME	2693 ISLAND VIEW DR		CITY-ST-ZIP		
STREET ADDRESS	PANAMA CITY, FL			900033384029	
CITY-ST-ZIP				04/27/04--01005--004 **141.25	
DOCUMENT #	WAKSTEIN, GARY		STREET ADDRESS		
NAME	204 A ELLEN LANE		CITY-ST-ZIP		
STREET ADDRESS	PANAMA CITY BCH, FL 32408				
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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:  GARY WAKSTEIN			4-1-04 830-2346112		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE