
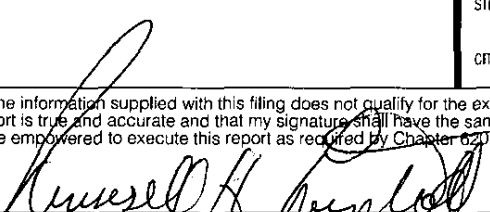


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR -6 AM 10:44

DOCUMENT # A27300					
1. Entity Name LANGSTROTH FAMILY LIMITED I					
Principal Place of Business 3111 N. ANDREWS AVE., BLDG. 3 FT. LAUDERDALE, FL 33309			Mailing Address 3111 N. ANDREWS AVE., BLDG. 3 FT. LAUDERDALE, FL 33309		
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 65-0078186	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COHN, ALAN B. % ABRAMS, ANTON, ROBBINS, RESNICK EL AL 2021 TYLER STREET HOLLYWOOD, FL 33022				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. \$13,700.00			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 #	G66608	STREET ADDRESS	STREET ADDRESS		
NAME	KENTON, INC.	CITY-ST-ZIP	CITY-ST-ZIP		
STREET ADDRESS	3111 N. ANDREWS AVENUE	400033105924			
CITY-ST-ZIP	FT. LAUDERDALE, FL	04/20/04--01007--002 **184.65			
DOCUMENT #		STREET ADDRESS	STREET ADDRESS		
NAME		CITY-ST-ZIP	CITY-ST-ZIP		
STREET ADDRESS		STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP		
DOCUMENT #		STREET ADDRESS	STREET ADDRESS		
NAME		CITY-ST-ZIP	CITY-ST-ZIP		
STREET ADDRESS		STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP		
DOCUMENT #		STREET ADDRESS	STREET ADDRESS		
NAME		CITY-ST-ZIP	CITY-ST-ZIP		
STREET ADDRESS		STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP	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: 			3/12/04 954 8662000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE