2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

1. Entity Name	MENT # A27323 RT FAMILY LTD. I				SECRETARY OF STATE 07/ DIVISION OF CORPORATIONS	
Principal Place		Mailing Address			1 720/	
175 BRADLEY PLACE PALM BEACH, FL 33480		175 BRADLEY PLACE Palm Beach, FL 33480			/2/09 04 FEB 16 AM 10: 48	
2. Principal P	ace of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01292004 Chg-LP CR2E003 (10/03)	
City & State		City & State			4. FEI Number Applied For 65-0079982 Not Applicable	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
Name and Address of Current Registered Agent		. L	Name	7. Name and Address of New Registered Agent		
RAPAPORT, ROBERT D 175 BRADLEY PLACE				Street Address (P.O. Box Number is Not Acceptable)		
	ACH, FL 33480					
			City	FL Zip Code		
 The above named entity submits this statement for the purpose of changing its register the obligations of registered agent. 				I ed office or register	ered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature. typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions						
as Shown on record. \$15,000.00 in FLORIDA to date. \$15,000.00						
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 DOCUMENT / P98000011510					ADDRESS CHANGES ONLY	
NAME RAPAPORT FAMILY CORP.			STRE	EET ADORESS		
STREET ADDRESS CITY-ST-ZIP	1		СПУ	-SI-ZIP		
DOCUMENT # NAME			STRI	ET ADDRESS	600029 80757 6 	
STREET ADDRESS CITY-ST-ZIP			СПУ	′-ST-ZiP	U3/U3/01-01U3J-011 **135.(5	
DOCUMENT # NAME			STRI	EET ADDRESS		
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STREET ADDRESS CITY-ST-ZIP			CITY	r-ST-ZIP		
DOCUMENT # NAME			STR	EET ADDRESS		
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DOCUMENT #			. STR	EET ADORESS		
STREET ADOSESS CITY-ST-ZIP			спу	Y-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: Polent D Responsible (561)659:53// SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTITIER Date Object Phone 8						