


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Mar 10, 2004 08:00 AM
Secretary of State**

DOCUMENT # A30673					
1. Entity Name MAJESTIC CAR WASH PARTNERSHIP, LTD.					
Principal Place of Business 2781 N. FEDERAL HIGHWAY FT. LAUDERDALE, FL 33306			Mailing Address 2781 N. FEDERAL HIGHWAY FT. LAUDERDALE, FL 33306		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02172004 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-0237016	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BORAKOVE, GERALD L CPA 6196 NW 11TH ST SUNRISE, FL 33313-6116				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. \$200,000.00			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 #	L72256			STREET ADDRESS	
NAME	MAJESTIC CAR WASH OF FORT LAUDERDALE, INC.			CITY-ST-ZIP	
STREET ADDRESS	2781 NORTH FEDERAL HWY.				1100000082636
CITY-ST-ZIP	FT. LAUDERDALE, FL				03/10/04-80003-012 526 25
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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: <u>BERTRAM KAUFMAN</u>				Date: <u>2/18/04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone #: <u>954 581-8185</u>	



STAPLE CHECK HERE