

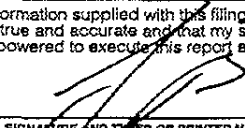


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A31013</b> 1. Entity Name <b>BOULANGER FAMILY LTD.</b>					
Principal Place of Business <b>1986 N.E. 149TH ST.          NORTH MIAMI, FL 33179</b>			Mailing Address <b>1986 N.E. 149TH ST.          NORTH MIAMI, FL 33179</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
03092004 Chg-LP CR2E003 (10/03)				4. FEI Number <b>65-0253360</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>JEWETT, CHARLES E          2514 HOLLYWOOD BLVD., SUITE #508          HOLLYWOOD, FL 33020</b>			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 date if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$300,100.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>\$300,100.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
	<b>BOULANGER, LAURIS</b>	<b>2435 HXD. BLVD. #204</b>	<b>HOLLYWOOD, FL</b>		
	<b>BOULANGER, DIANE</b>	<b>2435 HXD. BLVD. #204</b>	<b>HOLLYWOOD, FL</b>		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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					
<b>SIGNATURE:</b> 			Date <b>04-05-04</b> Daytime Phone # <b>305-940-0106</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE