

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

**FILED**  
**Apr 01, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A31041**

1. Entity Name  
**FLORIDA WAREHOUSE MANAGEMENT, LTD.**



Principal Place of Business  
**3850 HOLLYWOOD BLVD., STE. 400**  
**HOLLYWOOD, FL 33021**

Mailing Address  
**3850 HOLLYWOOD BLVD., STE. 400**  
**HOLLYWOOD, FL 33021**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
**65-0233566**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORNFELD, ROBERT M.**  
**3850 HOLLYWOOD BLVD. #400**  
**HOLLYWOOD, FL 33021**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions  
as Shown on record. **\$1,700,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date. **\$1,700,000.00**

**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

13. ADDRESS CHANGES ONLY

DOCUMENT # **S21712**  
NAME **CAMBRIDGE ASSET MGMT, INC**  
STREET ADDRESS **3850 HOLLYWOOD BL, #400**  
CITY - ST - ZIP **HOLLYWOOD, FL**

STREET ADDRESS

CITY - ST - ZIP

**UN0000104653**  
**04/06/04-80021-007 526.25**

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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)(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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Robert M. Cornfeld, President of**  
**Cambridge Asset Mgmt, Inc**

**3/15/04** (954) **989-2200**  
Date Daytime Phone #

STAPLE CHECK HERE