


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

**FILED**

04 APR 29 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A31826</b> 1. Entity Name <b>THE ROSEN FAMILY LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>% DEBRA A. ERICKSON, PA</b> <b>8819 N. VIRGINIA AVE</b> <b>WEST PALM BEACH, FL 33418</b>	Mailing Address <b>% DEBRA A. ERICKSON, PA</b> <b>8819 N. VIRGINIA AVE</b> <b>WEST PALM BEACH, FL 33418</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02022004    Chg-LP    CR2E003 (10/03)

4. FEI Number <b>65-0281030</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>SINGER, MICHAEL S.</b> <del><b>1201 U.S. HIGHWAY ONE</b></del> <del><b>SUITE 240 A</b></del> <del><b>NORTH PALM BEACH, FL 33408</b></del>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>3801 PGA Blvd. #1604</b> <b>Palm Beach Gardens</b> <b>FL</b> Zip Code <b>33410</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$570,240.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	ROSEN, GREGG M.	STREET ADDRESS	
NAME	136 W BOYNTON BEACH BLVD	CITY - ST - ZIP	
STREET ADDRESS	BOYNTON BEACH, FL		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	900036072659
NAME		CITY - ST - ZIP	05/11/04--01091--003 #526.25
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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:** Gregg M Rosen    4-26-04    (561) 734-3551  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER    Date    Daytime Phone #

STAPLE CHECK HERE