

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**


DOCUMENT # A31889		
1. Entity Name THE STORCH FAMILY LIMITED PARTNERSHIP		

Principal Place of Business 6453 N.W. 110TH AVE. PARKLAND FL 33076	Mailing Address 6453 N.W. 110TH AVE. PARKLAND FL 33076
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2. Principal Place of Business 1792 SW CIMARRON CT. Suite, Apt. #, etc.	3. Mailing Address 1792 SW CIMARRON CT. Suite, Apt. #, etc.
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City & State PALM CITY FL	City & State PALM CITY FL
Zip 34990	Country USA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 MAR 11 AM 9:42



1ST MOORE CR2E003 (10/04)

4. FEI Number 65-0278064	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RITTER, GREGORY J., ESQUIRE C/O SHERMAN, WALDMAN, ET AL 700 WEST PALMETTO PARK ROAD, SUITE 409 BOCA RATON FL 33433	
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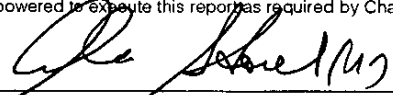
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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.		11. FILE NOW!!! Due by May 1, 2005 See Block 11 instructions for fee info.
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
9. Capital Contributions as Shown on record. \$400,200.00	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 #	NAME	STREET ADDRESS	700048855327
STREET ADDRESS	6453 N.W. 110TH AVE.	CITY-ST-ZIP	03/22/05--01041--002 **526.25
CITY-ST-ZIP	PARKLAND FL 33076	STREET ADDRESS	
DOCUMENT #	NAME	CITY-ST-ZIP	
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CITY-ST-ZIP		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:**  **ALAN STORCH** **G.P.** **3/17/05** **754** **803-3812**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE