2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Jul 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A93000000226

1. Entity Name
THE OSCAR FELDENKREIS FAMILY PARTNERSHIP, LTD.

Principal Place of Business	Mailing Address
3000 N.W. 107 AVE. MIAMI, FL 33015	3000 N.W. 107 AVE. MIAMI, FL 33015

07132004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0524683 — Applied For ☐ Not Applicable

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
SEIF, EVAN D 2800 PONCE DE LEON BLVD., SUITE 1125 CORAL GABLES, FL 33134	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
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
$385,158.00	$385,158	

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 #	P93000007743	STREET ADDRESS	
NAME	OSCAR FELDENKREIS INVESTMENT CORP.	CITY-ST-ZIP	U00000168064 07/23/04 00008 008 526.25
STREET ADDRESS	7495 N.W. 48TH STREET		
CITY-ST-ZIP	MIAMI, FL 33166		
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CITY-ST-ZIP			

STAPLE CHECK HERE

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: Feldenkreis 7/14/04 (305) 418-1310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #