


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 24 AM 10:44

DOCUMENT # A93000001133	
1. Entity Name THE WILLIAM BRODY FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 1400 SOUTH TREASURE DRIVE NORTH BAY VILLAGE, FL 33141	Mailing Address 1400 SOUTH TREASURE DRIVE NORTH BAY VILLAGE, FL 33141
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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



01042005 Chg-LP CR2E003 (10/03)

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DAAR, ALYSON 1400 SOUTH TREASURE DRIVE NORTH BAY VILLAGE, FL 33141		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. \$15,000.00	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 #	DAAR, ALYSON	STREET ADDRESS	
NAME	1400 SOUTH TREASURE DRIVE	CITY-ST-ZIP	
STREET ADDRESS	NORTH BAY VILLAGE, FL 33141		
CITY-ST-ZIP			
DOCUMENT #	WOLFSON, RESA	STREET ADDRESS	
NAME	1400 SOUTH TREASURE DRIVE	CITY-ST-ZIP	
STREET ADDRESS	NORTH BAY VILLAGE, FL 33141		
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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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: *Alyson Brody Daar* 1-20-05 305-865-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

ALYSON BRODY DAAR

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