

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A94000001011	
1. Entity Name THE ARTZT FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 7905 WEST 20TH AVENUE HIALEAH FL 33014	Mailing Address 7905 WEST 20TH AVENUE HIALEAH FL 33014
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
04 APR 30 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent HOWARD, MANO 7905 WEST 20TH AVENUE HIALEAH FL 33014	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. \$735,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	NAME	STREET ADDRESS	
NAME	HOWARD, MANO	CITY-ST-ZIP	
STREET ADDRESS	7905 WEST 20TH AVENUE		
CITY-ST-ZIP	HIALEAH FL 33014		
DOCUMENT #	NAME	STREET ADDRESS	1180 S. Ocean Boulevard, Apt. 9A
NAME	HOWARD, PAULETTE	CITY-ST-ZIP	Boca Raton, FL 33432-7682
STREET ADDRESS	6274 N.W. 23RD WAY		
CITY-ST-ZIP	BOCA RATON FL 33496		
DOCUMENT #	NAME	STREET ADDRESS	100036060001
NAME		CITY-ST-ZIP	05/11/04 01056 016 **526.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
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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: _____ **Mano Howard** **4/23/04** **(305) 357-0400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone # **X 304**

STAPLE CHECK HERE