

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

05 MAY 2 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business
15851 SW 41 Street

3. Mailing Address
15851 SW 41 Street

Suite, Apt. #, etc.
Suite 800

Suite, Apt. #, etc.
Suite 800

City & State
Davie, FL 33331

City & State
Davie, FL 33331

03162005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0509250

Applied For
Not Applicable

Zip
33331

Country
USA

Zip
33331

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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
Mano Howard

Street Address (P.O. Box Number is Not Acceptable)
15851 SW 41 Street

Suite 800

City
Davie

FL

Zip Code
33331

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.

Mano Howard - General Partner

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

4/18/05

9. Capital Contributions
as Shown on record. \$735,000.00

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
CITY - ST - ZIP
HOWARD, MANO
7905 WEST 20TH AVENUE
HIALEAH, FL 33014

STREET ADDRESS
CITY - ST - ZIP
15851 SW 41 Street Suite 800
Davie, FL 33331

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
HOWARD, PAULETTE
1180 S. OCEAN BOULEVARD., APT 9A
BOCA RATON, FL 334327682

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
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CITY - ST - ZIP

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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.

Mano Howard

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/18/05 (954) 389-8700ext304

Date

Daytime Phone #

STAPLE CHECK HERE