


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # A95000000010		
1. Entity Name SHEINSON FAMILY INVESTMENT COMPANY, LTD.		

Principal Place of Business 272 SE 5TH AVE DELRAY BEACH, FL 33483	Mailing Address 272 SE 5TH AVE DELRAY BEACH, FL 33483
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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SHEINSON, MICHAEL P 272 SE 5TH AVE DELRAY BEACH, FL 33483		Name	
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		Street Address (P.O. Box Number is Not Acceptable)	
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		City	
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		FL	
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		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.			
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SIGNATURE _____		DATE _____	
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Signature, typed or printed name of registered agent and title if applicable.			
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9. Capital Contributions as Shown on record.	\$1,210,092.00	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.			
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NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.			
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12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
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DOCUMENT #	SHEINSON, MICHAEL P TRUSTEE	STREET ADDRESS	
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NAME	272 SE 5TH AVE	CITY - ST - ZIP	
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STREET ADDRESS	DELRAY BEACH, FL 33483	CITY - ST - ZIP	
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CITY - ST - ZIP		CITY - ST - ZIP	
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DOCUMENT #		STREET ADDRESS	
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NAME		CITY - ST - ZIP	
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STREET ADDRESS		CITY - ST - ZIP	
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CITY - ST - ZIP		CITY - ST - ZIP	
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DOCUMENT #		STREET ADDRESS	
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NAME		CITY - ST - ZIP	
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STREET ADDRESS		CITY - ST - ZIP	
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NAME		CITY - ST - ZIP	
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STREET ADDRESS		CITY - ST - ZIP	
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CITY - ST - ZIP		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			
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SIGNATURE: _____	4/19/04	(561) 266-8708
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #
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03082004 Chg-LP CR2E003 (10/03)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

STAPLE CHECK HERE