2005 LIMITED PARTNERSHIP ANNUAL REPOI Due By May 1, 2005

ROBERT KAHN

FILED Apr 22, 2005 8:00 am Secretary of State

DOCUMENT # A9500000528 1. Entity Name KAHN FAMILY LIMITED PARTNERSHIP												
Principal Place of Business 1000 NW 65TH STREET, STE. 200-FORT LAUDERDALE, FL. 33309				Mailing Address 1000 NW 65TH STREET, STE. 200 FORT LAUDERDALE, FL -33309								
Principal Place of Business CYPRESS CREEK ROAD				3. Mailing Address 2950 W. CYPRESS CREEK ROAI								
Suite, Apt. #, etc. SUITE 102				Suite, Apt. #, etc. SUITE 102			04132005	Chg-LP	CR2E00	3 (10/03)		
City & State FT. LAUDERDALE, FL Zip Country			F'	City & State FT. LAUDERDALE, FL Zip Country				4. FEI Number 65-05724	171		Applied For Not Applicable	
33309	6. Name	USA e and Address of Curren		33309	US	•		5. Certificate of 7. Name and A		□ Ė	8.75 Additional see Required	
GOLDING	GOLDING, STEPHEN M										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1000 NW 65TH STREET, STE. 200 FORT LAUDERDALE, FL. 93309						Street Address (P.O. Box Number is Not Acceptable) 2950 W. CYPRESS CREEK ROAD						
TON BRODERDALE, LE OBBOS				SUITE 102			<u>.</u>					
						Çity FT. L	AUDE	ERDALE,		FL	Zip Code 33309	
		ty submits this statement t tered agent.	for the pu	urpose of changing its	s registere	ed office or	register	ed agent, or both,	in the State of F	Florida. I am fa		
SIGNATURE -												
Signature, typed or printed name of registered agent and title if applicable.										DATE		
9. Capital Contributions as Shown on record. \$2,000,000.00 in FLORIDA to date						outions			İ			
	Α (GENERAL PARTNER	THAT	S A BUSINESS EN	NTITY M	UST BE F	REGIST	ERED AND AC	TIVE WITH T	HIS OFFICE.		
12.	NOTE	GENERAL PARTNE			ne form	; an amei	ndmen	t must be filed		general partr HANGES ONLY		
DOCUMENT #	S98258		STREET ANDRESS									
NAME STREET ADDRESS		ARKETING, INC. 65TH STREET, STE.	20 0	0			295	950 W. CYPRESS CREEK ROAD, #102				
CITY-ST-ZIP		UDERDALE, FL-3330			CITY	-ST-ZIP	FT.	LAUDERDA	ALE, FL	33309		
DOCUMENT # NAME					STRE	ET ADDRESS						
STREET ADDRESS City-St-Zip					CITY	-ST-ZIP				-		
DOCUMENT #		•			STRE	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP		50)0054 205010	1039	725	
DOCUMENT #					CYPE	FT 1000000		05/09	ZQ5010	116025	**526.25	
NAME STREET ADDRESS					SIRE	ET ADDRESS						
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STREET ADDRESS CITY-ST-ZIP					CITY-	-ST-ZIP						
DOCUMENT #					STRE	ET ADDRESS						
STREET # DRESS CITY-S) SZIP					CITY-	-ST-ZIP						
14. I hereby of indicated the receiv	ertify that th on this repo er or trustee	e information supplied wit rt is true and accurate an empowered to execute th	h this fili d that my nis repor	ng does not qualify for signature shall have as required by Chap	r the exer the same iter 620, f	mption state legal effection state	ed in Sec t as if m utes	ction 119.07(3)(i), I ade under oath; th	Florida Statutes lat I am a Gene	. I further certify ral Partner of th	that the information e limited partnership or	
SIGNAT	URE: _		K	NAME OF SIGNING GENER	No.	3	<u> </u>	4/1	L9/05	954-	-545-6070	