



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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| DOCUMENT # A95000001282 | |  |
| 1. Entity Name FLORIDA CLUB CARE CENTER OPERATING CO., LIMITED | | |

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|---|---|
| Principal Place of Business 220 SIERRA DRIVE MIAMI, FL 33179-3855 | Mailing Address 1114 WYNWOOD AVENUE CHERRY HILL, NJ 08002 |
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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 |

FILED
2004 FEB 20 PM 3:38
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



01052004 Chg-LP CR2E003 (10/03)

| | |
|--|-------------------------------|
| 4. FEI Number 22-3325261 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | 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.

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| 9. Capital Contributions as Shown on record. \$1,000.00 | 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 # NAME STREET ADDRESS CITY-ST-ZIP | F95000004136 OZAL, INC. 1114 WYNWOOD AVENUE CHERRY HILL, NJ 08002 | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | 300027311793 01/21/04--01010--024 **52.50 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | 300027311793 02/20/04--01030--009 **88.75 |
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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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **Date** 1/12/04 **Daytime Phone #**

STAPLE CHECK HERE