


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

**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A95000001368</b> 1. Entity Name <b>SHREDNICK FAMILY LIMITED PARTNERSHIP 95-I</b>	
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Principal Place of Business <b>17570 ATLANTIC BLVD.</b> <b>APT. #317</b> <b>NORTH MIAMI BEACH, FL 33160</b>	Mailing Address <b>17570 ATLANTIC BLVD.</b> <b>APT. #317</b> <b>NORTH MIAMI BEACH, FL 33160</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent			
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<b>WOLFE, RICHARD C</b> <b>100 SE 2ND ST</b> <b>1 INT'L PLACE</b> <b>MIAMI, FL 33131</b>			
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03102004    Chg-LP    CR2E003 (10/03)	4. FEI Number <b>65-0651966</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	Applied For <input type="checkbox"/> Not Applicable
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>	DATE _____
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9. Capital Contributions as Shown on record. <b>\$10.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>10</b>
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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	<b>SHREDNICK, SAMUEL JR.</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>17570 ATLANTIC BLVD., APT. #317</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>NORTH MIAMI BEACH, FL 33160</b>	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
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NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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)(b), 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

<b>SIGNATURE:</b> <i>Samuel Shrednick</i> <b>SAMUEL SHREDNICK</b>	Date <b>3/16/04</b>	Daytime Phone # <b>305 931-8036</b>
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STAPLE CHECK HERE