2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

DOCUMENT # A95000001368 1. Entity Name					SECRETARY OF STATE DIVISION OF CORPORATIONS		
SHREDNICK FAMILY LIMITED PARTNERSHIP 95-I					05 MAR AM 9: 42		
Principal Place of Business Mailing Address							
17570 ATL	ANTIC BLVD.	•					
17570 ATLANTIC BLVD. APT. #317 NORTH MIAMI BEACH FL 33160 17570 ATLANTIC BLVD. APT. #317 NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL			33160				
2. Principal Place of Business 9865 Casa Mar Drive 9865 Casa M			er Driv	e Of			
90 Hat	1-1000			1	1ST MOORE CR2E003 (10/04)		
City & State Worth FL Lake Worth			, FL	. 4. FEI Numb	4. FEI Number 65-0651966 Applied For Not Applicable		
33467 Republic 210 33467			Solintry 15A	•	Certificate of Status Desired		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent							
l wo	LFE, RICHARD C		Wol-	te Kicha	rd C	•	
100	SE 2ND ST		Street Address (P.O. Box Number is Not Acceptable)				
	IT'L PLACE		230	DICKET	1 HVERNE	,	
MIA	MI FL 33131		Pent	house 5	<u>ute</u>		
city Miani FL 333931							
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 Signature, typed or printed name of registered agent and title if applicable DATE						instructions for fee info.	
9. Capital Contributions as Shown on record. 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	13.					
DOCUMENT #		STREET ADDRESS 40 Haber					
NAME STREET ADDRESS	SHREDNICK, SAMUEL JR. 17570 ATLANTIC BLVD., APT. #31		1865 Co	isa Har L	rive		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	CITY-ST-ZIP	ITY-SI-ZIP Lake Worth, FL 33467				
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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							

Sam Shrednick 3/9/05 (561)963-4006

ARTNER Date Date Doctor Phone #