


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

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| DOCUMENT # A95000001407 |  |
| 1. Entity Name DROZDOW FAMILY LIMITED PARTNERSHIP | |

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|---|---|
| Principal Place of Business 590 GOLDEN BEACH DRIVE GOLDEN BEACH, FL 33160 | Mailing Address 590 GOLDEN BEACH DRIVE GOLDEN BEACH, FL 33160 |
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|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



03232004 Chg-LP CR2E003 (10/03)

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|---|--------------------------------|
| 4. FEI Number 65-0655208 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent DROZDOW FAMILY GP CORP. 590 GOLDEN BEACH DRIVE GOLDEN BEACH, FL 33160 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE GILBERT DROZDOW DATE 4/26/04

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| 9. Capital Contributions as Shown on record. \$74,468.55 | 10. Amount of Capital Contributions in FLORIDA to date <u>774,468.55</u> |
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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 | DROZDOW, GILBERT | CITY-ST-ZIP | |
| STREET ADDRESS | 590 GOLDEN BEACH DRIVE | | |
| CITY-ST-ZIP | GOLDEN BEACH, FL 33160 | | |
| DOCUMENT # | P95000072545 | STREET ADDRESS | |
| NAME | DROZDOW FAMILY GP CORP. | CITY-ST-ZIP | |
| STREET ADDRESS | 590 GOLDEN BEACH DRIVE | | |
| CITY-ST-ZIP | GOLDEN BEACH, FL 33160 | | |
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| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| 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)(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: GILBERT DROZDOW DATE 4/26/04 DAYTIME PHONE # 305 682 1238

STAPLE CHECK HERE