

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -8 PM 4:03

DOCUMENT # A95000001583	
1. Entity Name BENOIT FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 4000 NE 29 AVE. FORT LAUDERDALE, FL 33308	Mailing Address 4000 NE 29 AVE. FORT LAUDERDALE, FL 33308
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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

03012004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0651358	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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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	
LIVEROIS, MELBOURNE J 4000 NE 29TH AVE FT. LAUDERDALE, FL 33308	

7. Name and Address of New Registered Agent	
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 _____ Signature, typed or printed name of registered agent and title if applicable. **DATE** _____

9. Capital Contributions as Shown on record. \$48,764.00	10. Amount of Capital Contributions in FLORIDA to date. 48764-
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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	
	LIVEROIS, MELBOURNE J		
STREET ADDRESS	4000 NE 29TH AVE	CITY-ST-ZIP	
	FT LAUDERDALE, FL 33308		
DOCUMENT #	NAME	STREET ADDRESS	
	LIVEROIS, LINDA M		
STREET ADDRESS	4000 NE 29TH AVE	CITY-ST-ZIP	
	FT LAUDERDALE, FL 33308		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
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 _____	3/2/2004
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date Daytime Phone #</small>

STAPLE CHECK HERE