

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN -1 AM 9:21

DOCUMENT # A95000001955 1. Entity Name THE KENNETH WOLOFSKY FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 150 CANTERBURY LANE PALM BEACH, FL 33480			Mailing Address 150 CANTERBURY LANE PALM BEACH, FL 33480		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04252005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-0704665	
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		
WOLOFSKY, MOIRA 150 CANTERBURY LANE PALM BEACH, FL 33480			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$3,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$, 966.00			
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 #	P95000065969		STREET ADDRESS		
NAME	EQUITY ONE INVESTMENTS, INC.		CITY-ST-ZIP	600056397646 06/21/05--01054--010 **141.25	
STREET ADDRESS	150 CANTERBERRY LANE		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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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)(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: <u><i>Moira Wolofsky</i></u> Moira WOLOFSKY			Date <u>4/26/05</u> Daytime Phone # <u>561-9957465</u>		

STAPLE CHECK HERE