2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A95000002020

1. Entity Name

THE KLATT FAMILY LIMITED PARTNERSHIP #1

Principal Place of Business	Mailing Address
9290 NICKELS BLVD. BOYNTON BEACH FL 33425	P.O. DRAWER 1240 BOYNTON BEACH FL 33425

MOORE CR2E003 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0663485 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHROEDER, MICHAEL A ESQ.
SCHROEDER AND LARCHE, P.A.
120 EAST PALMETTO PARK RD., SUITE 150
BOCA RATON FL 33432

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 ______________________________ DATE

Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record.	$50,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

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 #	P95000095304	STREET ADDRESS	
NAME	KLATT, INC.		
STREET ADDRESS	9290 NICKELS BLVD.	CITY-ST-ZIP	
CITY-ST-ZIP	BOYNTON BEACH FL 33425		
DOCUMENT #		STREET ADDRESS	~~U00000144984~~ 05/03/04-80004-010 526.25
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STAPLE CHECK HERE

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: [signature] Bill R. Winchester, President Klatt, Inc. 4/22/04 561-732-396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #