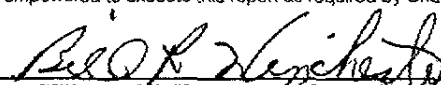


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

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 9290 NICKELS BLVD. BOYNTON BEACH FL 33425		Mailing Address P.O. DRAWER 1240 BOYNTON BEACH FL 33425	
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.	CITY-ST-ZIP	
STREET ADDRESS	9290 NICKELS BLVD.		
CITY-ST-ZIP	BOYNTON BEACH FL 33425		
DOCUMENT #		STREET ADDRESS	U000000144984
NAME		CITY-ST-ZIP	05/03/04-80004-010 526.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
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: 		Bill R. Winchester, 4/22/04 561-732-3966	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		President Klatt, Inc. Daytime Phone #	



MOORE CR2E003 (11/03)

STAPLE CHECK HERE