

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT# A95000002055 1. Entity Name SHUBIN FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 175 NE SPANISH TRAIL BOCA RATON, FL 33432			Mailing Address 175 NE SPANISH TRAIL BOCA RATON, FL 33432		
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 95-4560362 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				03172004 Chg-LP CR2E003(10/03)	
6. Name and Address of Current Registered Agent FHS CORPORATE SERVICES, INC. 11780 US HWY. ONE STE. 300 NORTH PALM BEACH, FL 33408			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 obligation of registered agent.					
SIGNATURE _____ DATE _____ Signature typed or printed name of registered agent and title if applicable					
9. Capital Contributions as Shown on record. \$1,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
AGENERALPARTNERHATISABUSINESSENTITYMUSTBEREGISTEREDANDACTIVEWITHTHISOFFICE. 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	SHUBIN, BILL		CITY - ST - ZIP		
STREET ADDRESS	175 NE SPANISH TRAIL		CITY - ST - ZIP		
CITY - ST - ZIP	BOCA RATON, FL 33432		STREET ADDRESS		
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STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP			STREET ADDRESS		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: 			April 1, 2004 (561) 395-2228		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Bill Shubin			Date Daytime Phone #		

STAPLE CHECK HERE

