


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR -7 AM 10: 02

<b>DOCUMENT # A96000000025</b>					
1. Entity Name THE ERNA SIMON FAMILY PARTNERSHIP, LTD.					
Principal Place of Business C/O HELGA BAGAN 3590 SOUTH OCEAN BLVD. PALM BEACH, FL 33480			Mailing Address C/O DAVID S. EISEN 1250 DEERE PARK LANE DEERFIELD, IL 60015		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 02152005 Chg-LP CR2E003 (10/03) 65-0634816	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAGAN, HELGA 3590 SOUTH OCEAN BLVD. PALM BEACH, FL 33480			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$860,154.35			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	F96000000070		STREET ADDRESS		
NAME	SIMON-EISEN HOLDINGS, INC.		CITY-ST-ZIP		
STREET ADDRESS	1250 DEERE PARK LANE				
CITY-ST-ZIP	DEERFIELD, IL 60015				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP	300048186443	
STREET ADDRESS				03/11/05--01005--022 **526.25	
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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: <i>DAVID S. EISEN</i>			2/22/05 312-726-9622		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		