


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

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # A96000000082</b><br>1. Entity Name<br><b>L &amp; S FAMILY, LTD.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>5775 WEST HALLANDALE BEACH BLVD.<br/>HOLLYWOOD FL 33023</b> | Mailing Address<br><b>5775 WEST HALLANDALE BEACH BLVD.<br/>HOLLYWOOD FL 33023</b> |
|---|---|

|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



MOORE CR2E003 (11/03)

|   |
|---|
| 6. Name and Address of Current Registered Agent |
|---|

|   |
|---|
| <b>COHN, ALAN B<br/>C/O ABRAMS, ANTON, ROBBINS, RESNICK<br/>2021 TYLER ST.<br/>HOLLYWOOD FL 33022</b> |
|---|

|   |
|---|
| 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. <b>\$1,000,000.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. <b>1,000,000.00</b> | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE<br>SEE REVERSE SIDE FOR FEE INFORMATION |
|--|---|--|

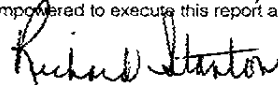
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

|                                 |                          |
|---------------------------------|--------------------------|
| 12. GENERAL PARTNER INFORMATION | 13. ADDRESS CHANGES ONLY |
|---------------------------------|--------------------------|

|   |   |                                   |   |
|---|---|-----------------------------------|---|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>STANTON, RICHARD<br/>5775 WEST HALLANDALE BEACH BLVD.<br/>HOLLYWOOD FL 33023</b> | STREET ADDRESS<br>CITY - ST - ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>STANTON, LINDA<br/>5775 WEST HALLANDALE BEACH BLVD.<br/>HOLLYWOOD FL 33023</b>   | STREET ADDRESS<br>CITY - ST - ZIP | <b>U00000145273<br/>05/03/04-80018-011 526.25</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | STREET ADDRESS<br>CITY - ST - ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | STREET ADDRESS<br>CITY - ST - ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | STREET ADDRESS<br>CITY - ST - ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | STREET ADDRESS<br>CITY - ST - ZIP |   |

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:**  **RICHARD STANTON** **4/23/04** **954-894-2999**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER