


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

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

|  |   |
|--|---|
| <b>DOCUMENT # A96000000083</b><br>1. Entity Name<br><b>SHILOH 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> |
|---|---|



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<br><b>65-0625504</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br><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.

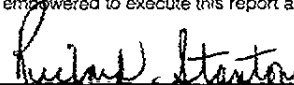
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

|  |   |  |
|--|---|--|
| 9. Capital Contributions as Shown on record. <b>\$500,000.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. <b>500,000.00</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 #                      | STANTON, RICHARD                 | STREET ADDRESS           |                           |
| NAME                            | 5775 WEST HALLANDALE BEACH BLVD. | CITY-ST-ZIP              |                           |
| STREET ADDRESS                  | HOLLYWOOD FL 33023               |                          | 1100000145284             |
| CITY-ST-ZIP                     |                                  |                          | 05/03/04-80018-017 526.25 |
| DOCUMENT #                      | STANTON, LINDA                   | STREET ADDRESS           |                           |
| NAME                            | 5775 WEST HALLANDALE BEACH BLVD. | CITY-ST-ZIP              |                           |
| STREET ADDRESS                  | HOLLYWOOD FL 33023               |                          |                           |
| CITY-ST-ZIP                     |                                  |                          |                           |
| DOCUMENT #                      |                                  | STREET ADDRESS           |                           |
| NAME                            |                                  | CITY-ST-ZIP              |                           |
| STREET ADDRESS                  |                                  |                          |                           |
| CITY-ST-ZIP                     |                                  |                          |                           |
| DOCUMENT #                      |                                  | STREET ADDRESS           |                           |
| NAME                            |                                  | CITY-ST-ZIP              |                           |
| STREET ADDRESS                  |                                  |                          |                           |
| CITY-ST-ZIP                     |                                  |                          |                           |
| 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 19.07(3)(f), 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 Date Daytime Phone #

STAPLE CHECK HERE