

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

2004 APR 26 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A96000000163

1. Entity Name  
FRANZBLAU FAMILY LIMITED PARTNERSHIP



Principal Place of Business  
7898 LAINA LANE  
UNIT #4  
BOYNTON BEACH, FL 33437

Mailing Address  
7898 LAINA LANE  
UNIT #4  
BOYNTON BEACH, FL 33437



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222004

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

65-0626231

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DONOFF, CRAIG  
6100 GLADES ROAD  
SUITE 204  
BOCA RATON, FL 33434

Name

Street Address (P.O. Box Number is Not Acceptable)

800036281068

05/14/04--01003--027 \*\*437.50

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. \$2,280,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

1,901,264

**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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
FRANZBLAU, AARON  
7898 LAINA LANE UNIT #4  
BOYNTON BEACH, FL 33437

STREET ADDRESS  
CITY-ST-ZIP  
800036281068  
05/14/04--01003--028 \*\*88.75

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
FRANZBLAU, SARAH  
7898 LAINA LANE UNIT #4  
BOYNTON BEACH, FL 33437

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

Daytime Phone #

3/31/04 561-736-2088

STAPLE CHECK HERE