

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

**DOCUMENT # A96000000682**

1. Entity Name  
**GOLUB FAMILY LIMITED PARTNERSHIP**



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 JAN 13 AM 10:58

*Handwritten:* 01/22/04

Principal Place of Business 10611 BOCA WOODS LANE BOCA RATON, FL 33428	Mailing Address 10611 BOCA WOODS LANE BOCA RATON, FL 33428
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01052004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>65-0660956</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>GOLUB, BENJAMIN S</b> <b>10611 BOCA WOODS LANE</b> <b>BOCA RATON, FL 33428</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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>\$387,657.00</b>	10. Amount of Capital Contributions in FLORIDA to date: <b>22,100.00</b>
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**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 #		STREET ADDRESS	
NAME	<b>GOLUB, BENJAMIN S M.D.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>10611 BOCA WOODS LANE</b>		
CITY-ST-ZIP	<b>BOCA RATON, FL 33428</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>GOLUB, EDITH S</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>10611 BOCA WOODS LANE</b>		
CITY-ST-ZIP	<b>BOCA RATON, FL 33428</b>		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

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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]* **1-5-04** **561-482-3088**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #