



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

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000000864</b>			
<b>1. Entity Name</b> N. JOEL AND ELAINE EHRENKRANZ FAMILY PARTNERSHIP, LTD.			
<b>Principal Place of Business</b> 10867 WHITEHAWK ST. PLANTATION FL 33324		<b>Mailing Address</b> 10867 WHITEHAWK ST. PLANTATION FL 33324	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>  EHRENKRANZ, N.J. 10867 WHITEHAWK ST. PLANTATION FL 33324		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b> SIGNATURE  DATE			
<b>9. Capital Contributions as Shown on record.</b> \$110,000.00		<b>10. Amount of Capital Contributions in FLORIDA to date.</b>	
<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	EHRENKRANZ, NATHANIEL JOEL TRUSTEE	CITY - ST - ZIP	
STREET ADDRESS	10867 WHITEHAWK STREET		
CITY - ST - ZIP	PLANTATION FL 33324		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	EHRENKRANZ, ELAINE TRUSTEE	CITY - ST - ZIP	
STREET ADDRESS	10867 WHITEHAWK STREET		
CITY - ST - ZIP	PLANTATION FL 33324		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

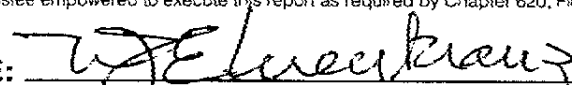


MOORE CR2E003 (11/03)

**4. FEI Number** 65-0702708 **Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**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:**  **4/2/04 954-87-4603**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE