


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000000864					
1. Entity Name N. JOEL AND ELAINE EHRENKRANZ FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 10867 WHITEHAWK ST. PLANTATION FL 33324			Mailing Address 10867 WHITEHAWK ST. PLANTATION FL 33324		
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 65-0702708	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EHRENKRANZ, N.J. 10867 WHITEHAWK ST. PLANTATION FL 33324				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____	
9. Capital Contributions as Shown on record. \$110,000.00				10. Amount of Capital Contributions in FLORIDA to date.	
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	
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				
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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)(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: <u>N. JOEL AND ELAINE EHRENKRANZ</u> 3/16/05 89-517-486					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #					



1ST MOORE CR2E003 (10/04)

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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03/23/05-80047-013 526.25

STAPLE CHECK HERE