


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED  
Jan 12, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # A9600000867</b>					
1. Entity Name <b>HAROLD AND IRIS KATZMAN FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business 21405 N.E. 38TH AVENUE AVENTURA, FL 33180			Mailing Address 21405 N.E. 38TH AVENUE AVENTURA, FL 33180		
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 <b>65-0657869</b>	
				Applied For 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			7. Name and Address of New Registered Agent		
<b>KATZMAN, HAROLD G 21405 NE 38TH AVE AVENTURA, FL 33180</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$0.00</b>		10. Amount of Capital Contributions in FLORIDA to date.		<b>4 Jan 2005</b>	
<b>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.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
	<b>KATZMAN, HAROLD G</b>				
	<b>21405 N.E. 38TH AVENUE</b>		CITY-ST-ZIP		
	<b>AVENTURA, FL 33180</b>				
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			CITY-ST-ZIP		
000000177856 01/12/05-80004-001 141.25					
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: <b>Harold G. Katzman</b>			<b>4 Jan 2005</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE