


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

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000001399					
1. Entity Name ROSENFELD FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 4310 ANDERSON ROAD CORAL GABLES FL 33146			Mailing Address 4310 ANDERSON ROAD CORAL GABLES FL 33146		
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 65-0686559	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSENFELD FAMILY CORP. 4310 ANDERSON ROAD CORAL GABLES FL 33146				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record.		\$45,482,559.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
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 #	P96000062670		STREET ADDRESS		
NAME	ROSENFELD FAMILY CORP.		CITY-ST-ZIP		
STREET ADDRESS	4310 ANDERSON ROAD				
CITY-ST-ZIP	CORAL GABLES FL 33146				
DOCUMENT #			STREET ADDRESS	000000103668	
NAME			CITY-ST-ZIP	04/05/04-80066-004 526.25	
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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: <u>George H. Rosenfeld</u> <u>George Rosenfeld</u> 3/18/04 305-662-3671					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					



MOORE CR2E003 (11/03)

STAPLE CHECK HERE