2005 LIMITED PARTNERSHIP ANNUAL REPORT

STAPLE

SIGNATURÉ:

FILED Due By May 1, 2005 Apr 18, 2005 08:00 AM Secretary of State **DOCUMENT # A96000001466** THE LEONARD BRAWER FAMILY LIMITED **PARTNERSHIP** STANDARD SOTTO STAND Principal Place of Business Mailing Address 1739 VESTAL WAY 1739 VESTAL WAY CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082005 CR2E003 (10/03) Chg-LP Applied For City & State City & State 4. FEI Number 65-0689090 Not Applicable Country \$8.75 Additional Zip Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRAWER, MARC H Street Address (P.O. Box Number is Not Acceptable) 1739 VESTAL WAY CORAL SPRINGS, FL 33071 City Zip Code \$. 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 Signature, typed or printed name of registered agent and title if applicable. DATE 10. Amount of Capital Contributions 9. Capital Contributions \$1,000,000.00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. P96000062597 DOCUMENT# STREET ADDRESS LEONARD BRAWER FAMILY HOLDINGS, INC. NAME STREET ADDRESS 1739 VESTAL WAY CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS, FL 33071 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP U000000315223 DOCUMENT# STREET ADDRESS 04/19/05-80026-011 526...25 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

MIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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 by 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 proof as required by Chapter 620. Florida Statutes

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