



**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

**FILED**  
**Jul 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000001590</b> 1. Entity Name <b>LILLIE ROSEN FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>5301 FLAMINGO PLACE          COCONUT CREEK, FL 33073</b>			Mailing Address <b>5301 FLAMINGO PLACE          COCONUT CREEK, FL 33073</b>		
2. Principal Place of Business Suite, Apt #, etc		3. Mailing Address Suite, Apt #, etc			
City & State		City & State		07192004    Chg-LP    CR2E003 (10/03)	
Zip                      Country		Zip                      Country		4. FEI Number <b>65-0689082</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY          1201 HAYS STREET          TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent 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 _____					
9. Capital Contributions as Shown on record. <b>\$2,429,072.00</b>		10. Amount of Capital Contributions in FLORIDA to date		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
<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		
	STREET ADDRESS				
	CITY, ST, ZIP				
DOCUMENT #	NAME		STREET ADDRESS		
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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)(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. <div style="text-align: center;"> <b>ILENE FIELD</b>  <b>SIGNATURE: <i>Ilene Field, Gen'l Partner</i></b> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span><b>7-19-04</b></span> <span><b>847-256-4850</b></span> </div>					

STAPLE CHECK HERE