


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB -2 AM 11:16

DOCUMENT # A96000001594 1. Entity Name THE PLUZNICK FAMILY LIMITED PARTNERSHIP L.L.L.P.					
Principal Place of Business 7563 ISLA VERDE WAY DELRAY BEACH, FL 33446			Mailing Address 7563 ISLA VERDE WAY DELRAY BEACH, FL 33446		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		01122005 Chg-LP CR2E003 (10/03)	
4. FEI Number 65-0717171				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			7. Name and Address of New Registered Agent		
MILLER, JEROME R ESQ. 1300 N. FEDERAL HIGHWAY, SUITE 107 BOCA RATON, FL 33432			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. \$10,610,175.00		10. Amount of Capital Contributions in FLORIDA to date. 10,610,175.00			
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	PLUZNICK, SELMA R		CITY-ST-ZIP		
STREET ADDRESS	3211 SOUTH OCEAN BLVD., #801				
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	PLUZNICK-MARRIN, MARCY		CITY-ST-ZIP		
STREET ADDRESS	3844 WILLOW VIEW COURT				
CITY-ST-ZIP	SANTA ROSA, CA 95403				
DOCUMENT #	NAME		STREET ADDRESS	311 Oak Street, PH 19	
NAME	PLUZNICK, MICHAEL		CITY-ST-ZIP	Oakland, CA 94607	
STREET ADDRESS	41 WEST OAK KNOLL DRIVE				
CITY-ST-ZIP	SAN ANSELMO, CA 949601188				
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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NAME			CITY-ST-ZIP		
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					
SIGNATURE: <i>Selma R. Pluznick</i>			Selma R. Pluznick 1/19/05 561-637-3694		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

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