2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

DOCUMENT # A9600002101 1. Entity Name THE EDITH A. BERLIN FAMILY LIMITED PARTNERSHIP #2					FEB-4 A	14 10: 56		
Principal Place of Business 7167 VIA PALOMAR BOCA RATON, FL 33433		Mailing Address 7167 VIA PALOMAR BOCA RATON, FL 33433		SE TAL	CRETARY OF STATE LAHASSEE, FLORIDA			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01292004	Chg-LP	CR2E003 (10/03)
City & State		City & State			4. FEI Number Applied For 65-0714039 Not Applicable			
Zip Co	ountry	Zip	Country		5. Certificate of		Fee	. 75 Additional Required
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
DEDUK EDITUA				Name				
BERLIN, EDITH A 7167 VIA PALOMAR BOCA RATON, FL 33433			Str	Street Address (P.O. Box Number is Not Acceptable)				
			Cir	ity			FL	Zip Code
				(1)		in the State of Elec		lier with and accent
8. The above named entity sub the obligations of registered		ourpose of changing its	registered on	nice or register	ed ageni, or botti,	in the State of Flor	nua. Tamiam	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE								
45 67 577 677 677	21,075.00	10. Amount of Capit in FLORIDA to d	ate.					
A GEN	ERAL PARTNER THAT	IS A BUSINESS EN	ITITY MUST	T BE REGIST	FERED AND AC	TIVE WITH THE	IS OFFICE. Ineral partne	er.
NOTE: General Partners MAY NOT be changed on the form; an a						ADDRESS CHA	NGES ONLY	
DOCUMENT /			STREET AD	nneess				
NAME EDITH A. BERLIN, TRUSTEE			onice, 70		-			
STREET ADDRESS 7167 VIA PALOMAR CITY-ST-ZIP BOCA RATON, FL 33433			CITY-ST-Z	ZIP				
DOCUMENT #		street ad	DORESS	400029111504 02/20/0401020027 **526.25				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-Z	ZIP .	Object Of Organ Object			
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STREET ADDRESS CITY-ST-ZIP			CITY-ST-Z	ZIP				
DOCUMENT # NAME			STREET AD	DDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-7	ZiP				
DOCUMEN./ NAME				DORESS				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-2	ZIP				
DOCUMENT #			STREET AD	DDRESS				(
STREET ADDRECS GITY-ST-ZIP	•		¢in∵-st-a	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: SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING GENERAL BARTNER Date Daytime Phone #								