


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005 -

FILED

2005 APR 26 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000002246		
1. Entity Name FRIEDLAND FAMILY INVESTMENTS LLLP		

Principal Place of Business 186 SPYGLASS LANE JUPITER, FL 33477	Mailing Address MAHONEY COHEN 1101 BRICKELL AVENUE, #1402 MIAMI, FL 33131
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2. Principal Place of Business	3. Mailing Address 1200 Brickell Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 700
City & State	City & State
Zip	Country



04122005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0723626		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SHORE, H. ALLAN ONE SOUTHEAST 3RD AVENUE, 28TH FLOOR MIAMI, FL 33131-1704		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.

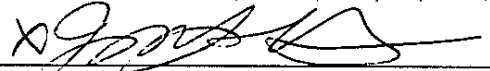
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$6,921,621.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P96000098368	STREET ADDRESS	
NAME	FRIEDLAND INVESTMENTS, INC.	CITY - ST - ZIP	
STREET ADDRESS	186 SPYGLASS LANE		
CITY - ST - ZIP	JUPITER, FL 33477		
DOCUMENT #		STREET ADDRESS	900054344529
NAME		CITY - ST - ZIP	05/12/05--01079--017 **526.25
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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

SIGNATURE:  4/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE