


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

**FILED  
Jul 19, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # A96000002321**  
1. Entity Name  
**THE FELDBAUM FAMILY PARTNERSHIP, LTD.**



Principal Place of Business      Mailing Address  
**385 N. POINT RD.  
MERIDIAN #803  
OSPREY, FL 34229**      **385 N. POINT RD.  
MERIDIAN #803  
OSPREY, FL 34229**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



06222004      Chg-LP      CR2E003 (10/03)

4. FEI Number      Applied For  
**65-0721246**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**FELDBAUM, GERALDINE  
385 N. POINT RD.  
MERIDIAN #803  
OSPREY, FL 34229**

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      Signature, typed or printed name of registered agent and the filer (if applicable)      DATE

9. Capital Contributions as Shown on record.      \$585,000.00      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.

**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

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	FELDBAUM, GERALDINE TRUSTEE	STREET ADDRESS	
NAME	385 N. POINT RD., MERIDIAN #803	CITY-ST-ZIP	
STREET ADDRESS	OSPREY, FL 34229		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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07/20/04-80007-010 \$26.25

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **JAMES FELDBAUM POA  
Geraldine Feldbaum, Trustee**      Date: **6/30/04**      Daytime Phone #: **941 685 5443**