

**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 30 AM 9:35

DOCUMENT # A9600002321				
1. Entity Name THE FELDBAUM FAMILY PARTNERSHIP, LTD.				
Principal Place of Business 385 N. POINT RD. MERIDIAN #803 OSPREY, FL 34229		Mailing Address 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	4. FEI Number 65-0721246
				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			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
9. Capital Contributions as Shown on record. \$585,000.00		10. Amount of Capital Contributions in FLORIDA to date.		
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 #	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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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: _____		James Feldbaum, POA		941-685-5441
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>		<small>Daytime Phone #</small>

STAPLE CHECK HERE