


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

| | |
|---|---|
| DOCUMENT # A96000002342 1. Entity Name THE NATHAN SKOP FAMILY LIMITED PARTNERSHIP |  |
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|--|--|
| Principal Place of Business 7900 B LEXINGTON CLUB BLVD DELRAY BEACH FL 33446 | Mailing Address 7900 B LEXINGTON CLUB BLVD DELRAY BEACH FL 33446 |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent SKOP, NATHAN 2101 CORPORATE BLVD., #204 BOCA RATON FL 33431 | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____ |
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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.

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| 9. Capital Contributions as Shown on record. \$850,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. \$526.25 | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
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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 # | SKOP, NATHAN | STREET ADDRESS | |
| NAME | 7900 B LEXINGTON CLUB BLVD | CITY-ST-ZIP | |
| STREET ADDRESS | DELRAY BEACH FL 33446 | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | SKOP, HELEN | STREET ADDRESS | 800028011428 |
| NAME | 7900 B LEXINGTON CLUB BLVD | CITY-ST-ZIP | 02/02/04--01054--013 **526.25 |
| STREET ADDRESS | DELRAY BEACH FL 33446 | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

FILED

04 FEB -2 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

| | |
|---------------------------------|----------------|
| 4. FEI Number 65-6254919 | Applied For |
| | Not Applicable |

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

STAPLE CHECK HERE