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

SIGNATURE:

## Mar 22, 2004 08:00 AM Secretary of State DOCUMENT # A96000002375 1. Entity Name MARVIN AND LYNN HECHT FAMILY LIMITED **PARTNERSHIP** Principal Place of Business Mailing Address 4876 PINEVIEW CIRCLE DELRAY BEACH FL 33445 4876 PINEVIEW CIRCLE **DELRAY BEACH FL 33445** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. CR2E003 (11/03) Applied For City & State City & State 4. FEI Number 65-0731462 Not Applicable Country Zιο Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HECHT, MARVIN 4876 PINE VIEW CIRCLE DELRAY BEACH FL 33445 Street Address (P.O. Box Number is Not Acceptable) City 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 title if applicable 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$264,010,00 as Shown on record. in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME HECHT, MARVIN STREET ADDRESS 4876 PINEVIEW CIRLCE CETY-ST-ZIP 1000000102135 DELRAY BEACH FL 33445 CITY-ST-ZIP <del>04/05/94-90902-020-526,25</del> DOCUMENT # STREET ADDRESS NAME HECHT, LYNN STREET ADDRESS 4876 PINEVIEW CIRLCE CITY - ST- ZIP CITY-ST-ZIP DELRAY BEACH FL 33445 DOCUMENT # STREET ADDRESS MASSE STREET ADDRESS CITY-ST-ZIP C37Y-ST-73P DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-78P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS C:7Y - 5T - Z3P 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 it 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 Chence 620, Florida Statutes

**FILED**