

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

FILED

**Feb 11, 2004 08:00 AM
Secretary of State**

DOCUMENT # A96000002412

1. Entity Name

GALUTEN LINTED PARTNERSHIP



Principal Place of Business

**2030 SOUTH OCEAN DRIVE, NUMBER 414
HALLANDALE FL 33009**

Mailing Address

**2030 SOUTH OCEAN DRIVE, NUMBER 414
HALLANDALE FL 33009**

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

65-0713082

Applied For

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

**WACHS, JEFFREY S
1177 SE THIRD AVE.
FT. LAUDERDALE FL 33316**

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 title if applicable

DATE

**9. Capital Contributions
as Shown on record.**

\$1,700,000.00

**10. Amount of Capital Contributions
in FLORIDA to date.**

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
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

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

**GALUTEN, ROBERT
2030 SOUTH OCEAN DRIVE, NUMBER 414
HALLANDALE FL 33009**

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

**GALUTEN, HORTENSE
2030 SOUTH OCEAN DRIVE, NUMBER 414
HALLANDALE FL 33009**

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

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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:

Hortense Galuten

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/11/04 954.451-1081

STAPLE CHECK HERE