


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A96000002487 1. Entity Name THE BRODY FAMILY LIMITED PARTNERSHIP #1	
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Principal Place of Business 4809 HOLLY DRIVE TAMARAC, FL 33319	Mailing Address 4809 HOLLY DRIVE TAMARAC, FL 33319
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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FILED

2004 MAY -4 P 3: 52

SECRETARY OF STATE



04122004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0725096	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent BRODY, HILDA 4809 HOLLY DRIVE TAMARAC, FL 33319	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.

9. Capital Contributions as Shown on record. \$1,542,416.00	10. Amount of Capital Contributions in FLORIDA to date. 1,592,416	
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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 #	NAME	STREET ADDRESS	
	BRODY, NORMAN		
	4809 HOLLY DRIVE	CITY-ST-ZIP	
	TAMARAC, FL 33319		
DOCUMENT #	NAME	STREET ADDRESS	
		CITY-ST-ZIP	

300035406989
 05/04/04--01032--005 **526.25

STAPLE CHECK HERE

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:

Norman Brody

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/18/04

Date

(954) 731-4636

Daytime Phone #