

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A96000002487

1. Entity Name
THE BRODY FAMILY LIMITED PARTNERSHIP #1



FILED

04/29/05 05 APR 25 PM 3:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA



04102005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0725096	Applied For <input type="checkbox"/>
	Not Applicable

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

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. **\$1,592,416.00**

10. Amount of Capital Contributions
in FLORIDA to date. **1,992,416.00**

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. J* GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY
DOCUMENT #	NAME BRODY, NORMAN	STREET ADDRESS
NAME STREET ADDRESS CITY-ST-ZIP	4809 HOLLY DRIVE TAMARAC, FL 33319	CITY-ST-ZIP
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/11/05 (954)731-4636

Date

Daytime Phone #