


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

APPROVED  
AND  
FILED

04 APR 27 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A97000000561</b>			
1. Entity Name <b>GOLDFARB-FAMILY PARTNERS, LTD.</b>			
Principal Place of Business <b>6323 TALL CYPRESS CIRCLE LAKE WORTH FL 33463</b>		Mailing Address <b>6323 TALL CYPRESS CIRCLE LAKE WORTH FL 33463</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent <b>BRADEN, DANA D 4623 FOREST HILL BLVD., SUITE 111 WEST PALM BEACH FL 33415</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. <b>\$10,003,130.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$10,353,058</b>	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.**

STAPLE CHECK HERE

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	ARTHUR A. GOLDFARB, TRUSTEE	CITY-ST-ZIP	<b>900035308199 05/10/04-01054-008 **526.25</b>
STREET ADDRESS	6323 TALL CYPRESS CIRCLE		
CITY-ST-ZIP	LAKE WORTH FL 33463		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	JUNE F. GOLDFARB, TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	6323 TALL CYPRESS CIRCLE		
CITY-ST-ZIP	LAKE WORTH FL 33463		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	OFFRINGA, BARBARA J	CITY-ST-ZIP	
STREET ADDRESS	15 VALLEY RD.		
CITY-ST-ZIP	SHARON MA 02067		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	GROSSMAN, SUSAN L <b>293 Engle St.</b>	CITY-ST-ZIP	
STREET ADDRESS	<del>200 BRIDLE PATH RD</del> <b>Tenafly NJ 07670</b>		
CITY-ST-ZIP	<del>200 BRIDLE PATH RD</del>		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	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:** Arthur A. Goldfarb, Trustee (General Partner) 4/24/04 201-836-9647  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #