

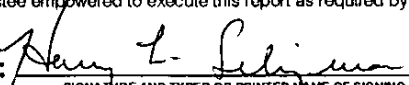


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 28 AM 9:57

<b>DOCUMENT # A97000000653</b> 1. Entity Name <b>SELIGMAN FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>BROKEN SOUND CLUBSIDE POINT 469 WOLDUNN CIRCLE LAKE MARY, FL 32746</b>			Mailing Address <b>PO BOX 952948 LAKE MARY, FL 32795-2948</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01042005    Chg-LP    CR2E003 (10/03)	
Zip    Country		Zip    Country		4. FEI Number <b>65-0740243</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ASARCH, STEVEN J ESQ. 1900 N.W. CORPORATED BOULEVARD SUITE 400 EAST BOCA RATON, FL 33431</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	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$5,019,312.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # <b>P97000020786</b> NAME <b>SELIGMAN FAMILY ENTERPRISES, INC.</b> STREET ADDRESS <b>469 WOLDUNN CIRCLE</b> CITY-ST-ZIP <b>LAKE MARY, FL 32746</b>			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP <div style="text-align: center; font-weight: bold;">000049886710</div> <div style="text-align: center; font-size: small;">04/05/05--01013--005 ***28 25</div>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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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					
<b>SIGNATURE:</b> 				3/21/2005    407-330-9373 <small>Date    Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

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