


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 17, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000000824

1. Entity Name
WOOL FAMILY, LTD.




Principal Place of Business Mailing Address
2506 PRINCETON CT. **2506 PRINCETON CT.**
FT LAUDERDALE, FL 33327 **FT LAUDERDALE, FL 33327**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01172004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
65-0764649 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COHN, ALAN B
C/O ABRAMS, ANTON, ROBBINS, RESNICK, ETAL
2021 TYLER STREET
HOLLYWOOD, FL 33022

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,000,000.00**

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

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 #		STREET ADDRESS	
NAME	LOPATIN, SUSAN	CITY - ST - ZIP	
STREET ADDRESS	2506 PRINCETON CT.		
CITY - ST - ZIP	FT LAUDERDALE, FL 33327		
DOCUMENT #		STREET ADDRESS	
NAME	WOOL, RANDY	CITY - ST - ZIP	
STREET ADDRESS	2506 PRINCETON CT.		
CITY - ST - ZIP	FT LAUDERDALE, FL 33327		
DOCUMENT #		STREET ADDRESS	
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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: Susan Lopatin 2/9/04 954-389-5223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE