


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000000927</b>					
1. Entity Name TORNBERG FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 19667 TURNBERRY WAY, SUITE 11 J AVENTURA, FL 33180			Mailing Address 19667 TURNBERRY WAY, SUITE 11 J AVENTURA, FL 33180		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. # etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NELSON, BARRY A ESQ. C/O NELSON & LEVINE, P.A. 2775 SUNNY ISLES BLVD., STE. 118 N. MIAMI BEACH, FL 33160				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 _____ <small>Signature, typed or printed name of registered agent and the date, if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$1,800,000.00</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>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000023335			STREET ADDRESS	
NAME	TORNBERG FAMILY HOLDINGS, INC.			CITY-ST-ZIP	
STREET ADDRESS	19667 TURNBERRY WAY, SUITE 11 J				
CITY-ST-ZIP	AVENTURA, FL 33180				
DOCUMENT #				STREET ADDRESS	000000082776
NAME				CITY-ST-ZIP	03/10/04-80010-020 526.25
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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 119.0713(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: <i>Ralph Tornberg</i>				Date: <i>2/23/04</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date</small>	

STAPLE CHECK HERE