



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

FILED

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

| | | | | | |
|---|---|---|---|---|--|
| DOCUMENT # A97000000975 1. Entity Name BURSTIN FAMILY LIMITED PARTNERSHIP #1, LTD. | | | |  | |
| Principal Place of Business 4047 AINSLIE C, CENTURY VILLAGE BOCA RATON FL 33434 | | | Mailing Address 4047 AINSLIE C, CENTURY VILLAGE BOCA RATON FL 33434 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  MOORE CR2E003 (11/03) | |
| City & State | | City & State | | | |
| Zip Country | | Zip Country | | | |
| 4. FEI Number 65-0750722 | | Applied For Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent LABINER, PAUL S 2255 GLADES ROAD, SUITE 422A BOCA RATON FL 33431 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$1,350,000.00 | | 10. Amount of Capital Contributions in FLORIDA to date. | | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION | |
| 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 # NAME STREET ADDRESS CITY-ST-ZIP | BURSTIN, MARILYN TRUSTEE 4047 AINSLIE C, CENTURY VILLAGE BOCA RATON FL 33434 | | STREET ADDRESS CITY-ST-ZIP | 000000070008 07/28/04-80017-007 528.25 | |
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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.

SIGNATURE: *Marilyn Burstin* **2/5/04 561-487-3525**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE