



FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000000975				Mar 23, 2005 08:00 AM	
1. Entity Name BURSTIN FAMILY LIMITED PARTNERSHIP #1, LTD.				Secretary of State	
Principal Place of Business 4047 AINSIE C, CENTURY VILLAGE BOCA RATON FL 33434		Mailing Address 4047 AINSIE C, CENTURY VILLAGE BOCA RATON FL 33434			
2. Principal Place of Business		3. Mailing Address		1ST MOORE CR2E003 (10/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0750722	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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 _____ DATE _____ <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. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.					
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	
STREET ADDRESS	4047 AINSIE C, CENTURY VILLAGE			CITY - ST - ZIP	
CITY - ST - ZIP	BOCA RATON FL 33434				
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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)(f), 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>Marilyn Burstin</i> 3/16/05 X 561-487-3525					