

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

**FILED**

04 JUL 12 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**MJR**

**DOCUMENT # A97000001052**

1. Entity Name  
HALPERN PARTNERS, LTD.



Principal Place of Business  
6768 10TH AVENUE NORTH, #301  
LAKE WORTH, FL 33467

Mailing Address  
LEVINE NEIDER WOHL, LLP  
230 PARK AVE., STE 462  
NEW YORK, NY 10169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04012004

Chg-LP

CR2E003 (10/03)

7/12

4. FEI Number  
65-0746564

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALPERN, JACK  
6768 10TH AVENUE NORTH, SUITE 301  
LAKE WORTH, FL 33467

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. \$2,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$866,080

**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  
HALPERN, JACK  
6768 10TH AVENUE NORTH, #301  
LAKE WORTH, FL 33467

STREET ADDRESS  
CITY-ST-ZIP  
07/29/04--01028--012 \*\*526.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
HALPERN, HOWARD M  
7 NORROWS WAY  
JAMESBURG, NJ 08831

STREET ADDRESS  
CITY-ST-ZIP  
7 NORROWS WAY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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)(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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

X 561 4397249

Date

Daytime Phone #

STAPLE CHECK HERE