

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

DOCUMENT # A97000001144			
1. Entity Name SAPERSTEIN ENTERPRISES, LIMITED PARTNERSHIP			
Principal Place of Business 701 SW 142ND AVE., PLYMOUTH S 101 PEMBROKE PINES FL 33027		Mailing Address 701 SW 142ND AVE., PLYMOUTH S 101 PEMBROKE PINES FL 33027	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



FILED

04 JAN 23 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

4. FEI Number 65-0766115	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SAPERSTEIN, INC. 701 SW 142ND AVE., PLYMOUTH S 101 PEMBROKE PINES FL 33027		7. Name and Address of New Registered Agent Name ALLAN R SAPERSTEIN Street Address (P.O. Box Number is Not Acceptable) 701 S.W. 142ND AVE PLYMOUTH S 101 City PEMBROKE PINES FL Zip Code 33027	
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 <i>Allan R. Saperstein</i> DATE 1/22/04 <small>Signature, typed or printed name of registered agent and then applicable.</small>			
9. Capital Contributions as Shown on record. \$500.00	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	P97000043765 SAPERSTEIN, INC. 701 SW 142ND AVE., PLYMOUTH S101 PEMBROKE PINES FL 33027	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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		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:

Allan R. Saperstein
ALLAN R SAPERSTEIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/22/04 954-441-1747

STAPLE CHECK HERE