


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000001144</b>		
1. Entity Name <b>SAPERSTEIN ENTERPRISES, LIMITED PARTNERSHIP</b>		

Principal Place of Business <b>701 SW 142ND AVE., PLYMOUTH S 101 PEMBROKE PINES, FL 33027</b>	Mailing Address <b>701 SW 142ND AVE., PLYMOUTH S 101 PEMBROKE PINES, FL 33027</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____	
City & State _____		City & State _____	
Zip _____	Country _____	Zip _____	Country _____



01042005 Chg-LP CR2E003 (10/03)

4. FEI Number <b>65-0766115</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>SAPERSTEIN, ALLAN R 701 SW 142ND AVE., PLYMOUTH S 101 PEMBROKE PINES, FL 33027</b>	

7. Name and Address of New Registered Agent	
Name _____	
Street Address (P.O. Box Number is Not Acceptable) _____	
City _____	
<b>FL</b>	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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$500.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>141.25</b>
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**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	<b>P97000043765 SAPERSTEIN, INC. 701 SW 142ND AVE., PLYMOUTH S101 PEMBROKE PINES, FL 33027</b>	STREET ADDRESS CITY-ST-ZIP	<b>U000000177857 01/12/05-800004-002 141.25</b>
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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.

<b>SIGNATURE:</b> 	<b>1/4/05</b>	<b>954-441-1747</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Daytime Phone #</small>

STAPLE CHECK HERE