

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000001428 1. Entity Name THE HOWARD AND MARILYN WIENER FAMILY LIMITED PARTNERSHIP		
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Principal Place of Business 8280 HUGH ALLISON PLACE SARASOTA, FL 34249	Mailing Address DR. H. WIENER 8280 HUGH ALLISON PLACE SARASOTA, FL 34249
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2. Principal Place of Business	3. Mailing Address
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Suite/Apt. #, etc. 	Suite/Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02272004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3454436	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	

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 _____
(Signature, typed or printed name of registered agent and title if applicable)

9. Capital Contributions as Shown on record. \$588,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$588,000 -
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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 #	WIENER, HOWARD E	STREET ADDRESS	
NAME	8280 HUGH ALLISON PLACE	CITY-ST-ZIP	U000000090142
STREET ADDRESS	SARASOTA, FL 34249		03/17/04-80006-002 526.25
CITY-ST-ZIP			
DOCUMENT #	WIENER, MARILYN F	STREET ADDRESS	
NAME	8280 HUGH ALLISON PLACE	CITY-ST-ZIP	
STREET ADDRESS	SARASOTA, FL 34249		
CITY-ST-ZIP			
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STREET ADDRESS			
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: *Marilyn F. Wiener* **3/2/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE