

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000002474
 1. Entity Name
 LEIBOWITZ PROPERTIES, LTD.



Principal Place of Business Mailing Address
 6202 ROYAL POINCIANA LANE 6202 ROYAL POINCIANA LANE
 TAMARAC, FL 33319 TAMARAC, FL 33319



2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc. Suite, Apt #, etc.

City & State City & State

Zip Country Zip Country

01262004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0797487 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MATTHEW L. LEIBOWITZ
 ONE S.E. 3RD AVENUE, STE. 1450
 MIAMI, FL 33131

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. \$655,000.00 10. Amount of Capital Contributions in FLORIDA to date.

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 #	P97000097235	STREET ADDRESS	
NAME	LEIBOWITZ MANAGEMENT CO., INC.	CITY-ST-ZIP	000000158895
STREET ADDRESS	6202 ROYAL POINCIANA LANE		05/13/04-80003-025 526.25
CITY-ST-ZIP	TAMARAC, FL 33319		
DOCUMENT #		STREET ADDRESS	
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STAPLE CHECK HERE

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: MATTHEW L. LEIBOWITZ Date: 4/22/04 (305) 530-1322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER