


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

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000002501</b>			
1. Entity Name <b>ROSELYN MEYER FAMILY LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>19707 TURNBERRY WAY, APARTMENT #22AB AVENTURA FL 33180</b>		Mailing Address <b>19707 TURNBERRY WAY, APARTMENT #22AB AVENTURA FL 33180</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>NELSON, BARRY A ESQ. C/O NELSON &amp; LA FEMINA 2775 SUNNY ISLES BLVD., STE. 118 NORTH MIAMI BEACH FL 33160</b>		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. <b>\$2,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P97000089700	STREET ADDRESS	
NAME	ROSELYN MEYER FAMILY HOLDINGS, INC.	CITY-ST-ZIP	
STREET ADDRESS	19707 TURNBERRY WAY, APARTMENT #22AB		
CITY-ST-ZIP	AVENTURA FL 33180		
DOCUMENT #		STREET ADDRESS	000000156516
NAME		CITY-ST-ZIP	05/06/04-80001-005 526.25
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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)(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:** *Roselyn Meyer* **3/22/04** **954 557 0218**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE