


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Apr 07, 2004 08:00 AM
Secretary of State**

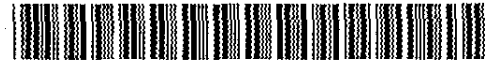
DOCUMENT # A97000002916

1. Entity Name
THE MARGOLIS FAMILY LIMITED PARTNERSHIP



Principal Place of Business
9990 S.W. 77TH AVENUE, SUITE 330
MIAMI, FL 33156-2699

Mailing Address
9990 S.W. 77TH AVENUE, SUITE 330
MIAMI, FL 33156-2699



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01242004 Chg-LP CR2E003 (10/03)

City & State
Zip Country

4. FEI Number
65-0823806

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**MARGOLIS, JOHN
9990 S.W. 77TH AVENUE, SUITE 330
MIAMI, FL 33156**

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 the fee applicable

9. Capital Contributions as Shown on record. **\$1,000,000.00**

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 #	MARGOLIS, MARJORIE	STREET ADDRESS	
NAME	691 S.W. ELM TREE LANE	CITY-ST-ZIP	
STREET ADDRESS	BOCA RATON, FL 33486		
CITY-ST-ZIP			400000111603
DOCUMENT #	MARGOLIS, JOHN A	STREET ADDRESS	04/13/04-80026-003 526.25
NAME	9990 SW 77TH AVE., STE. 330	CITY-ST-ZIP	
STREET ADDRESS	MIAMI, FL 33156		
CITY-ST-ZIP			
DOCUMENT #	MARGOLIS, ROBERT A	STREET ADDRESS	
NAME	1150 UPPER HAMBREE RD	CITY-ST-ZIP	
STREET ADDRESS	ROSWELL, GA 30076		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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: *John Margolis, General Partner* **2/12/04 (305)595-1911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE