


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 26, 2005 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0823806	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARGOLIS, JOHN 9990 S.W. 77TH AVENUE, SUITE 330 MIAMI, FL 33156			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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 #	NAME		STREET ADDRESS		
	MARGOLIS, MARJORIE				
STREET ADDRESS	691 S.W. ELM TREE LANE		CITY-ST-ZIP		
CITY-ST-ZIP	BOCA RATON, FL 33486				
DOCUMENT #	NAME		STREET ADDRESS		
	MARGOLIS, JOHN A				
STREET ADDRESS	9990 SW 77TH AVE., STE. 330			00000331285 04/26/05-80010-013 526.25	
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
	MARGOLIS, ROBERT A				
STREET ADDRESS	1150 UPPER HAMBREE RD		CITY-ST-ZIP		
CITY-ST-ZIP	ROSWELL, GA 30076				
DOCUMENT #	NAME		STREET ADDRESS		
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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: <u>John Margolis</u>			Date: <u>4/12/05</u> (305) 595 1411		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		



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