


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

FILED
Feb 17, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000000042					
1. Entity Name CARL GOLDMAN LIMITED PARTNERSHIP					
Principal Place of Business 3000 ISLAND BOULEVARD, APT 902 NORTH MIAMI BEACH FL 33160			Mailing Address 3000 ISLAND BOULEVARD, APT 902 NORTH MIAMI BEACH FL 33160		
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 65-0728467	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDMAN, DAVID E 20700 WEST DIXIE HWY. #100 MIAMI FL 33180				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record.		480,000.00		10. Amount of Capital Contributions in FLORIDA to date. 2,000,000	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
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		
NAME	GOLDMAN, CARL		CITY-ST-ZIP		
STREET ADDRESS	3000 ISLAND BOULEVARD, APT 902				
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	GOLDMAN, ROSE		CITY-ST-ZIP		
STREET ADDRESS	C/O DAVID GOLDMAN, 20700 W DIXIE HWY #100				
CITY-ST-ZIP	MIAMI FL 33180				
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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)(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: <u>Carl Goldman</u> <u>2-11-04</u> <u>305-932-1269</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					



MOORE CR2E003 (11/03)

STAPLE CHECK HERE