


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

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000000590**

1. Entity Name  
 SOUTH FLORIDA FREEZER PARTNERS, LTD.



Principal Place of Business  
 2900 N.W. 75TH STREET  
 MIAMI, FL 33147

Mailing Address  
 231 ELM STREET  
 P.O. BOX 2060  
 PERTH AMBOY, NJ 08861

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

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

City & State

Zip Country



01132004 Chg-LP CR2E003 (10/03)

4. FEI Number  
 65-0819801

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 LEVINE, ALLEN M  
 C/O BECKER & POLIAKOFF, P.A.  
 3111 STIRLING ROAD  
 FORT LAUDERDALE, FL 33312

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 \$2,000,000.00

10. Amount of Capital Contributions in FLORIDA to date *2,000,000*

**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 #	P98000020266	STREET ADDRESS	
NAME	REFRIGERATED FACILITY CORP.	CITY - ST - ZIP	
STREET ADDRESS	231 ELM STREET		
CITY - ST - ZIP	PERTH AMBOY, NJ 08861		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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 05/07/04-30014-025 526.25

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: *David Coon* Date: *4-6-04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER