


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

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

<b>DOCUMENT # A98000000609</b>					
1. Entity Name <b>IRIBAR FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>5551 HANCOCK ROAD FORT LAUDERDALE, FL 33330</b>			Mailing Address <b>5551 HANCOCK ROAD FORT LAUDERDALE, FL 33330</b>		
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 <b>65-0883900</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MILICH, LEE ESQUIRE % LEE MILICH, P.A. 100 W. CYPRESS CREEK RD. FT. LAUDERDALE, FL</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$990.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000093438			STREET ADDRESS	
NAME	THE IRIBAR CORPORATION			CITY - ST - ZIP	
STREET ADDRESS	5551 HANCOCK ROAD				
CITY - ST - ZIP	FORT LAUDERDALE, FL 33330				
DOCUMENT #				STREET ADDRESS	
NAME				CITY - ST - ZIP	
STREET ADDRESS					
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					
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: <u><i>Lee Milich</i></u> / pres. <u><i>IRIBAR Corp.</i></u> 4/5/04 (954) 926-2900					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #					



04052004 Chg-LP CR2E003 (10/03)

1100700111241  
04/13/04-90008-005 141.25

STAPLE CHECK HERE