

APR-27-04 TUE 1:45 PM LUNDY & SHACTER PA

FAX NO. 9544730023

P. 2

FILEDMay 04, 2004 08:00 AM
Secretary of State**2004 LIMITED PARTNERSHIP ANNUAL REPORT**
Due By May 1, 2004

DOCUMENT # A98000000703 1. Entity Name DRUCKER FAMILY INVESTMENTS, LTD.					
Principal Place of Business 19955 PORTO VITA WAY, #2701 AVENTURA, FL 33180			Mailing Address 19955 PORTO VITA WAY, #2701 AVENTURA, FL 33180		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0928444	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent B & C CORPORATE SERVICES, INC. 201 SOUTH BISCAYNE BLVD., SUITE 3000 MIAMI, FL 33131				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 date if applicable.					
9. Capital Contributions as Shown on record. \$7,500.00			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		
STREET ADDRESS	19955 PORTO VITA WAY, #2701		CITY-ST-ZIP		
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			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: <i>Lera Henry Trustee</i>			4-28-04 5166213429		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Copyrighted Photo #		

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