

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

**DOCUMENT # A98000000831**

1. Entity Name  
**THE GLICKSMAN FAMILY PARTNERSHIP, LTD.**



**FILED**

**04 JAN 23 PM 12:25**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address  
**HOWARD M GLICKSMAN, MD/BERNARDA GLICKSMAN** **HOWARD M GLICKSMAN, MD/BERNARDA GLICKSMAN**  
**4603 LAKE IN THE WOODS DR.** **4603 LAKE IN THE WOODS DR.**  
**SPRING HILL, FL 34607** **SPRING HILL, FL 34607**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01112004 Chg-LP CR2E003 (10/03)

4. FEI Number **59-3511330** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**COLEMAN, C. RANDOLPH**  
**9250 BAYMEADOWS RD., STE. 230**  
**JACKSONVILLE, FL 32256**

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. **\$795,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$813,000**

**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 #	NAME	STREET ADDRESS	
STREET ADDRESS	GLICKSMAN, HOWARD M M.D.	CITY-ST-ZIP	
CITY-ST-ZIP	4603 LAKE IN THE WOODS DR. SPRING HILLS, FL 34607		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	GLICKSMAN, BERNARDA	CITY-ST-ZIP	
CITY-ST-ZIP	4603 LAKE IN THE WOODS DR. SPRING HILLS, FL 34607		
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CITY-ST-ZIP			

**800027509848**  
**01/23/04--01046--001 \*\*526.25**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE