

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000001523 1. Entity Name THE SHELDON A. PERLICK FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 2770 SOUTH OCEAN DRIVE, #401 - NORTH PALM BEACH, FL 33480			Mailing Address 2770 SOUTH OCEAN DRIVE, #401 - NORTH PALM BEACH, FL 33480		
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 65-0266977	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PERLICK, ESTHER 2770 SOUTH OCEAN DRIVE, #401 - NORTH PALM BEACH, FL 33480					
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$4,000,000.00					
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 CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
PERLICK, ESTHER TRUSTEE 2770 SOUTH OCEAN DRIVE, #401 - NORTH PALM BEACH, FL 33480			STREET ADDRESS CITY-ST-ZIP		
PERLICK, ESTHER TRUSTEE 2770 SOUTH OCEAN DRIVE, #401 - NORTH PALM BEACH, FL 33480			STREET ADDRESS CITY-ST-ZIP		
PERLICK, JAMES H TRUSTEE 2770 SOUTH OCEAN DRIVE, #401 - NORTH PALM BEACH, FL 33480			STREET ADDRESS CITY-ST-ZIP		
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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: X Esther Perllick 4-28-05 561-582-1314 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					



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