


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Mar 04, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # A98000001561</b><br>1. Entity Name<br><b>THE ALLSWORTH FAMILY LIMITED PARTNERSHIP</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>1177 S.E. 3RD AVENUE<br/>FORT LAUDERDALE FL 33316</b> | Mailing Address<br><b>1177 S.E. 3RD AVENUE<br/>FORT LAUDERDALE FL 33316</b> |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |



MOORE CR2E003 (11/03)

|  |  |
|--|--|
| <b>5. Name and Address of Current Registered Agent</b><br><b>ALLSWORTH, E. SCOTT<br/>1177 S.E. 3RD AVENUE<br/>FORT LAUDERDALE FL 33316</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |
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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.

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|--|------|
| SIGNATURE<br>Signature, typed or printed name of registered agent and title if applicable. | DATE |
|--|------|

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|--|---|--|
| 9. Capital Contributions as Shown on record. <b>\$5,000.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL, DEPT. OF STATE<br>SEE REVERSE SIDE FOR FEE INFORMATION |
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**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           |  |
| NAME                            | ALLSWORTH, E. SCOTT      | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | 1177 S.E. 3RD AVENUE     |                          |  |
| CITY-ST-ZIP                     | FORT LAUDERDALE FL 33316 |                          |  |
| DOCUMENT #                      | NAME                     | STREET ADDRESS           |  |
| NAME                            | ALLSWORTH, KATHRYN E     | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | 1177 S.E. 3RD AVENUE     |                          |  |
| CITY-ST-ZIP                     | FORT LAUDERDALE FL 33316 |                          |  |
| DOCUMENT #                      | NAME                     | STREET ADDRESS           |  |
| NAME                            |                          | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                          |                          |  |
| CITY-ST-ZIP                     |                          |                          |  |
| DOCUMENT #                      | NAME                     | STREET ADDRESS           |  |
| NAME                            |                          | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                          |                          |  |
| CITY-ST-ZIP                     |                          |                          |  |
| DOCUMENT #                      | NAME                     | STREET ADDRESS           |  |
| NAME                            |                          | CITY-ST-ZIP              |  |
| 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:** *[Signature]* Kathryn E. Allsworth 1-29-04 954-7623400

STAPLE CHECK HERE