



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

**FILED**  
**Feb 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000001571</b>					
<b>1. Entity Name</b> GOODMAN FAMILY LIMITED PARTNERSHIP					
<b>Principal Place of Business</b> C/O EVELYN GOODMAN 6245 S.W. 117TH TERRACE MIAMI, FL 33156			<b>Mailing Address</b> C/O EVELYN GOODMAN 6245 S.W. 117TH TERRACE MIAMI, FL 33156		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02052004    Chg-LP    CR2E003 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 65-0850466	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
GOODMAN, EVELYN 6245 SW 117 TERRACE MIAMI, FL 33156				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL    Zip Code	
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>9. Capital Contributions</b> as Shown on record. <b>\$1,700,000.00</b>		<b>10. Amount of Capital Contributions</b> 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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P98000057461		STREET ADDRESS		
NAME	GOODMAN GENERAL PARTNER, INC.		CITY-ST-ZIP		
STREET ADDRESS	6245 S.W. 117TH TERRACE				
CITY-ST-ZIP	MIAMI, FL 33156				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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CITY-ST-ZIP					
<b>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</b>					
<b>SIGNATURE:</b> <i>Evelyn Goodman, General Partner</i>			Date: <i>2/9/04</i> Daytime Phone #: <i>305-661-8458</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE