


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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB 10 PM 12:11

|   |                                 |     |  |   |             |
|---|---------------------------------|-----|--|---|-------------|
| <b>DOCUMENT # A98000002094</b>  |                                 |     |  |                |             |
| 1. Entity Name<br><b>LIPSON FAMILY LIMITED PARTNERSHIP</b>  |                                 |     |  |   |             |
| Principal Place of Business<br><b>1502 CAYMAN WAY, #A4<br/>COCONUT CREEK, FL 33066</b>  |                                 |     | Mailing Address<br><b>1502 CAYMAN WAY, #A4<br/>COCONUT CREEK, FL 33066</b> |   |             |
| 2. Principal Place of Business  |                                 |     | 3. Mailing Address   |   |             |
| Suite, Apt. #, etc.   |                                 |     | Suite, Apt. #, etc.  |   |             |
| City & State  |                                 |     | City & State   |   |             |
| Zip   | Country                         | Zip | Country  | 4. FEI Number<br><b>65-0863746</b>  |             |
|   |                                 |     |  | Applied For<br>Not Applicable   |             |
|   |                                 |     |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |             |
| 6. Name and Address of Current Registered Agent   |                                 |     |  | 7. Name and Address of New Registered Agent   |             |
| <b>ASARCH, STEVEN J ESQUIRE<br/>1900 NW CORPORATE BLVD., SUITE 400 E<br/>BOCA RATON, FL 33431</b>   |                                 |     |  | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                                 |     |  |   |             |
| 9. Capital Contributions as Shown on record. <b>\$1,500,000.00</b>  |                                 |     | 10. Amount of Capital Contributions in FLORIDA to date. <b>1,500,000</b>   |   |             |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                                 |     |  |   |             |
| 12. GENERAL PARTNER INFORMATION   |                                 |     | 13. ADDRESS CHANGES ONLY   |   |             |
| DOCUMENT #  | P98000068268                    |     | STREET ADDRESS   |   |             |
| NAME  | LIPSON FAMILY ENTERPRISES, INC. |     | CITY-ST-ZIP  |   |             |
| STREET ADDRESS  | 1502 CAYMAN WAY, #A4            |     |  |   |             |
| CITY-ST-ZIP   | COCONUT CREEK, FL 33066         |     |  |   |             |
| DOCUMENT #  |                                 |     | STREET ADDRESS   | 200029751812  |             |
| NAME  |                                 |     | CITY-ST-ZIP  | 02/03/04--01028--001 **526.25   |             |
| STREET ADDRESS  |                                 |     |  |   |             |
| CITY-ST-ZIP   |                                 |     |  |   |             |
| DOCUMENT #  |                                 |     | STREET ADDRESS   |   |             |
| NAME  |                                 |     | CITY-ST-ZIP  |   |             |
| STREET ADDRESS  |                                 |     |  |   |             |
| CITY-ST-ZIP   |                                 |     |  |   |             |
| DOCUMENT #  |                                 |     | STREET ADDRESS   |   |             |
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| STREET ADDRESS  |                                 |     |  |   |             |
| CITY-ST-ZIP   |                                 |     |  |   |             |
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| NAME  |                                 |     | CITY-ST-ZIP  |   |             |
| STREET ADDRESS  |                                 |     |  |   |             |
| 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>Janette Lipson</i>  |                                 |     | 2/5/04   |   |             |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  |                                 |     | Date Daytime Phone #   |   |             |

STAPLE CHECK HERE