

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR -9 PM 4: 04

DOCUMENT # A98000002328 1. Entity Name AUDREY STERN FAMILY PARTNERSHIP, LTD.	
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Principal Place of Business 330 NORTH BROADWAY AVENUE ORLANDO, FL 32803	Mailing Address 330 NORTH BROADWAY AVENUE ORLANDO, FL 32803
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03032004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3536854	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STERN, WILLIAM M 330 NORTH BROADWAY AVENUE ORLANDO, FL 32803	
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. \$990.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	STERN, AUDREY TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	330 NORTH BROADWAY AVENUE		
CITY-ST-ZIP	ORLANDO, FL 32803		
DOCUMENT #	NAME	STREET ADDRESS	500031172775
NAME		CITY-ST-ZIP	03/25/04--01026--014 **141.25
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/04/04
Date

Daytime Phone #

STAPLE CHECK HERE