


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

**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A9800002844</b>	
<b>1. Entity Name</b> DAMATOW FAMILY LIMITED PARTNERSHIP	

<b>Principal Place of Business</b> 110 NE 40TH STREET MIAMI FL 33137	<b>Mailing Address</b> 110 NE 40TH STREET MIAMI FL 33137
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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<b>4. FEI Number</b> 65-0927863	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
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SCIARRETTA, STEVEN A 2300 GLADES ROAD, SUITE 302E BOCA RATON FL 33431
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<b>7. Name and Address of New Registered Agent</b>
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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.

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable	<b>DATE</b>
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<b>9. Capital Contributions</b> as Shown on record. \$1,500,000.00	<b>10. Amount of Capital Contributions</b> in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE</b> <b>SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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.**

<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY - ST - ZIP	L98000003363 DAMATOW MANAGEMENT, LC 110 NE 40TH STREET MIAMI FL 33137	<b>STREET ADDRESS</b>	
		<b>CITY - ST - ZIP</b>	000000102548 04/05/04-80020-007 535.00
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>STREET ADDRESS</b>	
		<b>CITY - ST - ZIP</b>	
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<b>DOCUMENT #</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>STREET ADDRESS</b>	
		<b>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>SIGNATURE:</b> <i>Steven A. Sciarretta, Trustee</i>	<b>3/18/04</b>	<b>305-573-5619</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		

STAPLE CHECK HERE