
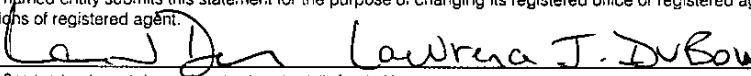
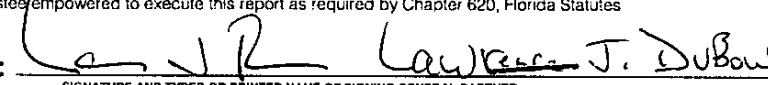


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 MAY 19 AM 9:06

DOCUMENT # A98000002904			
1. Entity Name THE DUBOW FAMILY PARTNERSHIP, LTD.			
Principal Place of Business 4901 EXECUTIVE PARK COURT BUILDING 100 JACKSONVILLE, FL 32216		Mailing Address 4801 EXECUTIVE PARK COURT BUILDING 100 JACKSONVILLE, FL 32216	
2. Principal Place of Business		3. Mailing Address 7016 Gaines Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Jacksonville, FL	
Zip	Country	Zip	Country
32217	USA	32217	USA
01242005 Chg-LP CR2E003 (10/03)		4. FEI Number 59-3551694	
		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		7. Name and Address of New Registered Agent	
DUBOW, LAWRENCE J 4801 EXECUTIVE PARK COURT BUILDING 100 JACKSONVILLE, FL 32216		Name DUBOW, Lawrence J	
		Street Address (P.O. Box Number is Not Acceptable) 7016 Gaines Court	
		City Jacksonville	
		FL Zip Code 32217	
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 3-24-05	
9. Capital Contributions as Shown on record. \$5,555,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
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 #	DUBOW, LAWRENCE J	STREET ADDRESS	
NAME	4801 EXECUTIVE PARK COURT, BLDG. 100	CITY-ST-ZIP	
STREET ADDRESS	JACKSONVILLE, FL 32216		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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: 		DATE: 3-24-05 DAYTIME PHONE: 904-470-6013	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		DATE DAYTIME PHONE #	

STAPLE CHECK HERE