
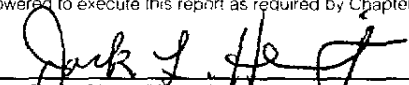


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000000355			
1. Entity Name HERSKOWITZ FAMILY PARTNERSHIP, LTD.			
Principal Place of Business 9100 S. DADELAND BOULEVARD, SUITE 1404 MIAMI, FL 33093		Mailing Address 9100 S. DADELAND BOULEVARD, SUITE 1404 MIAMI, FL 33156	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0931099		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERSKOWITZ, JACK L 9100 S. DADELAND BOULEVARD, SUITE 1404 MIAMI, FL 33156		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 _____			
9. Capital Contributions as Shown on record \$1,000,000.00		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 #	NAME	STREET ADDRESS	000000159941
STREET ADDRESS	HERSKOWITZ, JACK L	CITY - ST - ZIP	05/13/04-80001-006 536.25
CITY - ST - ZIP	9100 S. DADELAND BOULEVARD, SUITE 1404		
	MIAMI, FL 33093		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	HERSKOWITZ, ALLAN	CITY - ST - ZIP	
CITY - ST - ZIP	9100 S. DADELAND BOULEVARD, SUITE 1404		
	MIAMI, FL 33093		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
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STREET ADDRESS		CITY - ST - ZIP	
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: 		4/6/04 305-670-0101	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date City/State/Zip	

STAPLE CHECK HERE