


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A99000000596		
1. Entity Name KONIGSBERG FAMILY PARTNERSHIP, LTD.		

Principal Place of Business 1201 S. OCEAN DRIVE, APT. 701N HOLLYWOOD, FL 33021	Mailing Address 1201 S. OCEAN DRIVE, APT. 701N HOLLYWOOD, FL 33021
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03072005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0919230	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KONIGSBERG, NATHAN 1201 S. OCEAN DRIVE, APT. 701N HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Signature, typed or printed name of registered agent and title if applicable	DATE
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9. Capital Contributions as Shown on record. \$1,600,000.00	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 CITY-ST-ZIP	KONIGSBERG, NATHAN 1201 S. OCEAN DRIVE, APT. 701N HOLLYWOOD, FL 33021	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	KONIGSBERG, HELEN S 1201 S. OCEAN DRIVE, APT. 701N HOLLYWOOD, FL 33021	STREET ADDRESS CITY-ST-ZIP	000000267518 03/18/05-80002-019 526.25
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Helen S. Konigsberg</i>	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

STAPLE CHECK HERE