


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

DOCUMENT # A99000001185 1. Entity Name SALOMON FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 700 CORAL WAY, UNIT #7 CORAL GABLES FL 33134	Mailing Address 700 CORAL WAY, UNIT #7 CORAL GABLES FL 33134
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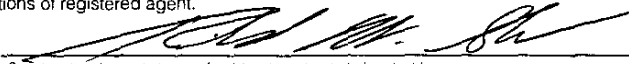
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 19 PM 2:12



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent RICHARD H. HUNT & ASSOCIATES, P.A. 2801 PONCE DE LEON BLVD, 9TH FL CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name RICHARD W. SHAW Street Address (P.O. Box Number is Not Acceptable) 6895 OLD MELBOURNE HWY. City ST. CLOUD FL Zip Code 34771	
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 4/15/04			
9. Capital Contributions as Shown on record. \$4,742,848.93		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			

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	P95000037756 SALOMON FAMILY PARTNERS INC 700 CORAL WAY, UNIT #7 CORAL GABLES FL	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	500035819445 05/10/04--01068--017 **526.25
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STAPLE CHECK HERE

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: **Adrienne E. Salomon** **ADRIENNE E. SALOMON** **4/15/04** **(407) 891-8817**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #