


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
AND
FILED

04 MAY 10 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B03000000038	
1. Entity Name E.B. FAMILY PARTNERS, LTD.	

Principal Place of Business 101 S. STATE ROAD 7, SUITE 201 HOLLYWOOD, FL 33023	Mailing Address 101 S. STATE ROAD 7, SUITE 201 HOLLYWOOD, FL 33023
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04252004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent	
BEN-SHMUEL, IZAC 101 S. STATE ROAD 7, SUITE 201 HOLLYWOOD, FL 33023	

4. FEI Number 65-0401581	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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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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$0.00	10. Amount of Capital Contributions in FLORIDA to date.
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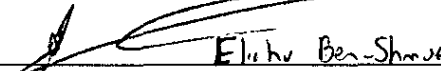
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	BEN-SHMUEL, ELIAHU	STREET ADDRESS	
NAME	101 S STATE ROAD 7, SUITE 201	CITY - ST - ZIP	
STREET ADDRESS	HOLLYWOOD, FL 33023		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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11. 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.
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SIGNATURE: 	5/10/04	954-985-3827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #