

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A0100001549

1. Entity Name
THE LUTTINGER LIMITED PARTNERSHIP, LLLP



FILED
2004 JUN 14 PM 4:53
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

Principal Place of Business
**138 WANTASTIQUET DR.
 BRATTLEBORO, VT 05301**

Mailing Address
**138 WANTASTIQUET DR.
 BRATTLEBORO, VT 05301**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



04012004 Chg-LP CR2E003 (10/03)

4. FEI Number
01-0566528

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CATARINEAU, JOE A
 2600 DOUGLAS ROAD
 PENTHOUSE 8
 CORAL GABLES, FL 33034**

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. **\$2,100,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$446,561**

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 #	LUTTINGER, LENORE M	STREET ADDRESS	
NAME	1441 THOMPSON STREET	CITY-ST-ZIP	100038052971
STREET ADDRESS	KEY WEST, FL 33040		06/18/04--01006--025 **437.50
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	100038052971
STREET ADDRESS			06/18/04--01006--024 **88.75
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			

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: ✓ *Tanya Luttinger* Tanya Luttinger ✓ 4/15/04 ✓ 802 254 3353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #