


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

DOCUMENT # A96000002201		
1. Entity Name NIGA LIMITED PARTNERSHIP		

Principal Place of Business 1433 APACHE CIRCLE TAVARES FL 32778	Mailing Address 1433 APACHE CIRCLE TAVARES FL 32778
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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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB 13 PM 1:40

02/25/04



MOORE CR2E003 (11/03)

4. FEI Number 59-3399498		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 TARA FINANCIAL SERVICE, INC. 1433 APACHE CIRCLE TAVARES FL 32778		7. Name and Address of New Registered Agent Name: IRENE T. LAZZERI Street Address (P.O. Box Number is Not Acceptable): 1003 - Belmont CR. TAVARES City: FL Zip Code:	
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New Address

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: Irene T. Lazzeri IRENE T. LAZZERI, PRES. DATE:

9. Capital Contributions as Shown on record. \$113,000.00	10. Amount of Capital Contributions in FLORIDA to date. 113,000.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	LAZZERI, IRENE T	STREET ADDRESS	900029416659
NAME	1003 BELMONT CR	CITY-ST-ZIP	02/25/04-01006-006 \$526.25
STREET ADDRESS	TAVARES FL 32778		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
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: Irene T. Lazzeri - IRENE T. LAZZERI, PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE