


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

**FILED
Apr 14, 2004 08:00 AM
Secretary of State**

DOCUMENT # A97000002710			
1. Entity Name NORMAN AND LILA SIEGEL FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 2228 ORIOLE DRIVE SARASOTA FL 34239-3731		Mailing Address 2228 ORIOLE DRIVE SARASOTA FL 34239-3731	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number 65-6253593		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 SIEGEL, NORMAN 2228 ORIOLE DRIVE SARASOTA FL 34239		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. -\$300,000.00	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	
	SIEGEL, NORMAN		
STREET ADDRESS	2228 ORIOLE DRIVE	CITY-ST-ZIP	
	SARASOTA FL 34239		
DOCUMENT #	NAME	STREET ADDRESS	
	SIEGEL, RUTH LILA		
STREET ADDRESS	2228 ORIOLE DRIVE	CITY-ST-ZIP	
	SARASOTA FL 34239		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	

U00000120804
04/20/04-60024-015 526.25

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: *Norman Siegel* **NORMAN SIEGEL** 04.12.04 941.955.1463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Davido Phone #