

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -4 AM 10: 14

DOCUMENT # A9700002710				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	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SIEGEL, NORMAN 2228 ORIOLE DRIVE SARASOTA FL 34239				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.						11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
SIGNATURE <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable				DATE			
9. Capital Contributions as Shown on record. <u>38,500 - \$200,000.00</u>				10. Amount of Capital Contributions in FLORIDA to date.			
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 #	SIEGEL, NORMAN			STREET ADDRESS			
NAME	2228 ORIOLE DRIVE			CITY-ST-ZIP			
STREET ADDRESS	SARASOTA FL 34239						
CITY-ST-ZIP							
DOCUMENT #	SIEGEL, RUTH LILA			STREET ADDRESS	100050694541		
NAME	2228 ORIOLE DRIVE			CITY-ST-ZIP	04/14/05--01011--004 **358.25		
STREET ADDRESS	SARASOTA FL 34239						
CITY-ST-ZIP							
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #