
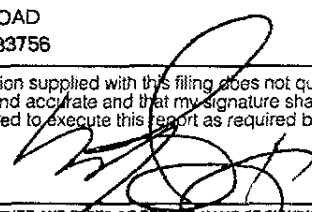


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000001320					
1. Entity Name 402 JEFFORDS STREET LIMITED PARTNERSHIP, L.L.P.					
Principal Place of Business 402 JEFFORDS STREET CLEARWATER FL 33756			Mailing Address 1011 JEFFORDS ST., SUITE C CLEARWATER FL 33756		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3591634	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GASSMAN, ALAN S 1245 COURT STREET, SUITE 102 CLEARWATER FL 33756			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$150,000.00		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	STREET ADDRESS		
	ABDO, RICHARD M.D.	1011 JEFFORDS STREET, SUITE C	CITY - ST - ZIP	U000000021979 03/09/04-88888-019 526.25	
		CLEARWATER FL 33756			
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS		
	HUGHES, W. ALLEN M.D.	1305 SOUTH FT. HARRISON AVENUE	CITY - ST - ZIP		
		CLEARWATER FL 33756			
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS		
	SCHWAB, THOMAS O M.D.	1528 LAKEVIEW ROAD	CITY - ST - ZIP		
		CLEARWATER FL 33756			
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS		
	MOSKOVITZ, GARY M.D.	380 PARK PLACE BLVD., SUITE 150	CITY - ST - ZIP		
		CLEARWATER FL 33759			
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS		
	PIAZZA, MICHAEL M.D.	1011 JEFFORDS STREET, SUITE C	CITY - ST - ZIP		
		CLEARWATER FL 33756			
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS		
	ROTHBERG, MICHAEL M.D.	1528 LAKEVIEW ROAD	CITY - ST - ZIP		
		CLEARWATER FL 33756			
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:  DATE: 2/18/04					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					



MOORE CR2E003 (11/03)

STAPLE CHECK HERE