


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jan 25, 2005 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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

01122005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3591634

Applied For
 Not Applicable

Zip Country Zip Country

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

5. 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 _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$150,000.00**

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 #	NAME	STREET ADDRESS	
	ABDO, RICHARD M.D.		
STREET ADDRESS	1011 JEFFORDS STREET, SUITE C	CITY-ST-ZIP	
CITY-ST-ZIP	CLEARWATER, FL 33756		
DOCUMENT #	NAME	STREET ADDRESS	
	HUGHES, W. ALLEN M.D.		
STREET ADDRESS	1305 SOUTH FT. HARRISON AVENUE	CITY-ST-ZIP	
CITY-ST-ZIP	CLEARWATER, FL 33756		
DOCUMENT #	NAME	STREET ADDRESS	
	SCHWAB, THOMAS O M.D.		
STREET ADDRESS	1528 LAKEVIEW ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	CLEARWATER, FL 33756		
DOCUMENT #	NAME	STREET ADDRESS	
	MOSKOVITZ, GARY M.D.		
STREET ADDRESS	380 PARK PLACE BLVD., SUITE 150	CITY-ST-ZIP	
CITY-ST-ZIP	CLEARWATER, FL 33759		
DOCUMENT #	NAME	STREET ADDRESS	
	PIAZZA, MICHAEL M.D.		
STREET ADDRESS	1011 JEFFORDS STREET, SUITE C	CITY-ST-ZIP	
CITY-ST-ZIP	CLEARWATER, FL 33756		
DOCUMENT #	NAME	STREET ADDRESS	
	ROTHBERG, MICHAEL M.D.		
STREET ADDRESS	1528 LAKEVIEW ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	CLEARWATER, FL 33756		

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **1/20/05** DAYTIME PHONE: **727-446-5993**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER