

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAY 24 PM 1:36

CLERK OF THE CIRCUIT COURT
 TALLAHASSEE, FLORIDA

MJH



01062004 Chg-LP CR2E003 (10/03)

524

DOCUMENT # A03000000734

1. Entity Name
MA REILLY INVESTMENT LIMITED



Principal Place of Business
**7423 18TH STREET N.E.
 SAINT PETERSBURG, FL 33702**

Mailing Address
**7423 18TH STREET N.E.
 SAINT PETERSBURG, FL 33702**

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

**REILLY, MARY A
 7423 18TH STREET N.E.
 SAINT PETERSBURG, FL 33702**

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 Mary Ann Reilly DATE 1-6-04

9. Capital Contributions as Shown on record. 0

10. Amount of Capital Contributions in FLORIDA to date. 0

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	
	REILLY, MARY A		
STREET ADDRESS	7423 18TH STREET N.E.	CITY-ST-ZIP	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702		
DOCUMENT #	NAME	STREET ADDRESS	
	ROEDER, ROSS E		
STREET ADDRESS	1663 WATERMARK CIRCLE N.E.	CITY-ST-ZIP	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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STREET ADDRESS		CITY-ST-ZIP	
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: Mary Ann Reilly DATE 1-6-04 813 491 0002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE