


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

<b>DOCUMENT # A03000001138</b> 1. Entity Name <b>ADAMICHAEL (I) LLLP</b>	
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Principal Place of Business <b>2698 EDGEWATER COURT WESTON, FL 33332</b>	Mailing Address <b>2 SOUTH BISCAYNE BLVD, STE 3400 MIAMI, FL 33131</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01232004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>20-0221549</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>VALDES-FAULI CORPORATE SERVICES, INC. 2 SOUTH BISCAYNE BLVD., STE 3400 MIAMI, FL 33131</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____

9. Capital Contributions as Shown on record. <b>\$10,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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	
NAME	<b>LICKSTEIN, GREGG</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>2698 EDGEWATER COURT</b>		
CITY-ST-ZIP	<b>WESTON, FL 33332</b>		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

**500036059745**  
**05/11/04-01058-011 \*\*158.75**

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
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<b>SIGNATURE:</b>  <small>SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER)</small>	<b>Gregg Lickstein</b> <small>Date</small>	<b>3-1-04</b> <small>Daytime Phone #</small>	<b>954-356-5533</b>
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STAPLE CHECK HERE

**FILED**

**04 APR 29 PM 12:54**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

