


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

<b>DOCUMENT # A03000001830</b> 1. Entity Name <b>IN STITCHES NEEDLEPOINT, LTD.</b>			
Principal Place of Business <b>6657 LAKE WORTH ROAD          LAKE WORTH FL 33467,</b>		Mailing Address <b>6657 LAKE WORTH ROAD          LAKE WORTH FL 33467</b>	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04 MAY 21 PH 1:35

**MJR**



✓	Applied For
•	Not Applicable

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
CACCIATORE, BIRTHE 10137 MANGROVE DRIVE, #205 BOYNTON BEACH FL 33437	Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____	
	City _____	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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

9. Capital Contributions as Shown on record.	\$20,000.00	10. Amount of Capital Contributions in FLORIDA to date.	\$20,000.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	CACCIATORE, BIRTHE 10137 MANGROVE DRIVE, #205 BOYNTON BEACH FL 33437	STREET ADDRESS	
NAME			
STREET ADDRESS		CITY - ST - ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME			
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER:

Date \_\_\_\_\_

Daytime Phone #