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

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DUE DI MAI 1, 2007							.	
DOCUMENT # A03000001830							FILED	
IN STITCHES NEEDLEPOINT, LTD.							04 MAY 21 PH 1:35	
Principal Place of Business Mailing Address							SILVER MY STATE MAN	
6657 LAKE WORTH ROAD LAKE WORTH FL 33467,			66	6657 LAKE WORTH ROAD LAKE WORTH FL 33467			TALLAHABBEE FLORIDA MAN	
							A lagram lak bahar hini bahar beri darik bahar bahar bahar bahar mark barra hini bahari di lagr	
2. Principal Place of Business			3.	3. Mailing Address				
Suite, Apt. #, etc.				Suite, Apt. #, etc.			MOORE CR2E003 (11/03) 52	
City & State			,	City & State			4. FEI Number Applied For Not Applicable	
Zip	p Country			Zip Country		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent		
						Name		
CACCIATORE, BIRTHE 10137 MANGROVE DRIVE, #205 BOYNTON BEACH FL 33437						Street Address (P.O. Box Number is Not Acceptable)		
BOTHTON BEACTIVE 33407						· - · · · -		
						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 Signature, typed or printed name of registered agent and title if applicable.								
9. Capital Contributions as Shown on record. \$20,000.00 10. Amount of Capital Contributions # 20,000.00 11. MAKE CHECK PAYABLE TO FIX DEPT OF S 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 #						EET ADDRESS		
NAME STREET ADDRESS	CACCIATORE, BIRTHE RESS 10137 MANGROVE DRIVE, #205							
CITY-ST-ZIP	•			CI		Y-ST-ZIP		
OOCUMENT # NAME					STE	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	SS			СІТ		Y-ST-ZIP	000037868780 06/11/0401021008 **228.75	
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DOCUMENT#						REET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	IP				CIT	Y-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: Such Cacala Sky 1- B4								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dayline Phone *								